

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

35893

STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 10551

Registration District No. 318 Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2024 Rutger St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

(c) City or town 2 St. Louis St.
(If outside city or town limits, write "RURAL")

(d) Street No. 2024 Rutger St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rosa Stockhoff

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3rd
year 1945 hour 5 minute 10 P. M.

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 26 1856
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 27th 1945 to Dec. 3rd 1945
that I last saw her alive on Dec. 3rd 1945
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>2</u>	<u>7</u>	hr. _____ min. _____

Immediate cause of death Pneumonia Duration 7 days

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

MOTHER FATHER

11. Industry or business _____

12. Name Herman H. Stockhoff

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Huebing

15. Birthplace Germany
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Walter Stockhoff

(b) Address 2024 Rutger St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 6-45
(Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) DEC 4 1945 (Date received local registrar) J. F. Bredeek (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature William Baron (M. D. or other) M.D.
Address 3601 S Jefferson Date signed 12/14/45

Mr Brown
3601 S. Jefferson
2-3 R

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed *Stanley Marshall*

Licensed Embalmer No. *2868*

P. O. Address. *3840 Lindell*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.