No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14207

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3556

23

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

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis

c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Josephine Heitkamp Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Ohio

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 17 9

d. STREET ADDRESS (If rural, give location) 2700 Missouri Ave. 0

3. NAME OF DECEASED (Type or Print)
a. (First) Frieda b. (Middle) Anne c. (Last) Stockmann

4. DATE OF DEATH (Month) (Day) (Year) April 19, 1949

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH April 24, 1909

9. AGE (In years last birthday) 39 | IF UNDER 1 YEAR Months 11 Days 25 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Albers Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Otto Huegen

13b. MOTHER'S MAIDEN NAME Helena Santel

14. NAME OF HUSBAND OR WIFE Edward A. Stockmann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Edward A. Stockmann ADDRESS 2700 Missouri Ave.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Appendicitis - abscess

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION 4/14/49

19b. MAJOR FINDINGS OF OPERATION Appendicitis abscess

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 121

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? [illegible]

22. *I hereby certify that I attended the deceased from* 4/13/49, 1949, *to* 4/19, 1949, *that I last saw the deceased alive on* 4/19, 1949, *and that death occurred at* 12.35P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) C.W. Garstin [illegible]

23b. ADDRESS 1504 So. Grand

23c. DATE SIGNED 4/20/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 4/22/49

24c. NAME OF CEMETERY OR CREMATORY St. Bernards Cemetery

24d. LOCATION (City, town, or county) (State) Albers, Illinois

DATE REC'D BY LOCAL REG. APR 20 1949

REGISTRAR'S SIGNATURE J B [illegible]

25. FUNERAL DIRECTOR'S SIGNATURE John H. Gebken Sons Und. Co. ADDRESS 2630 Gravois Ave.

(Licensed Embalmer's Statement on Reverse Side)

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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Signed Robert F. Gebken

Signed _____
Student Embalmer

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

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.