

FILED AUG 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 70773

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri.		b. COUNTY St. Louis, 111	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri.		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Clayton 5, 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital. 113		d. STREET ADDRESS W.R. #6400 Cecil Avenue. 3		(If rural, give location)	

3. NAME OF DECEASED (Type or Print)		a. (First) CHRISTIAN		b. (Middle)		c. (Last) STOCKE.		4. DATE OF DEATH (Month) (Day) (Year) August 12, 1949.	
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5. SEX Male. 1		6. COLOR OR RACE White.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married. 1		8. DATE OF BIRTH June 13, 1875.		9. AGE (In years last birthday) 74. 1. 25. 28.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President.		10b. KIND OF BUSINESS OR INDUSTRY Real Estate.		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri. 1		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Jacob Stocke.		13b. MOTHER'S MAIDEN NAME Anna Regnier.		14. NAME OF HUSBAND OR WIFE Amanda Stocke.	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO. NO.		16. SOCIAL SECURITY NO. 492-05-6365		17. INFORMANT'S SIGNATURE OR NAME Mrs Christian Stocke. 6400 Cecil Ave.,		ADDRESS	
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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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Cerebral Hemorrhage				4 mos	
ANTÉCEDENT CAUSES		Hypertensive Cardiovascular Dis.				2 yrs.	
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.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) 93	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 443X	
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22. I hereby certify that I attended the deceased from 3-11-1949, to 7-12-1949, that I last saw the deceased alive on 7-12-1949, and that death occurred at 3:20 P. m., from the causes and on the date stated above.

23a. SIGNATURE Debra M. Mahon M.D.		(Degree or title)		23b. ADDRESS 806 Mo. Theatre Bldg.		23c. DATE SIGNED 8-13-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Interment.		24b. DATE 8/15/49.		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery.		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.	
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DATE REC'D BY LOCAL REG. AUG 15 1949		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons, 7233 Delmar Blv'd.,		ADDRESS	
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FILE: 5754.  
HRS: 1-3. P.M.

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.

Student .....  
Student Embalmer

Signed Clarence A. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo

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.