

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33620**

No. 300
10-48

FILED OCT 2 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 2504

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNIVERSITY CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNIVERSITY CITY 43 76</u>	
c. LENGTH OF STAY (In this place) <u>4 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>7548 TEASDALE AVE 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7548 TEASDALE AVE</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>F.</u> c. (Last) <u>STORCK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 76 1952</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 5, 1887</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DISTRIBUTOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TAPE MACHINES</u>		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS MO.</u>	
13a. FATHER'S NAME <u>WILLIAM STORCK</u>			13b. MOTHER'S MAIDEN NAME <u>BERTHA BIRNHARDT</u>		14. NAME OF HUSBAND OR WIFE <u>HELEN L. COTTER ROWLAND STORCK</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO. <u>002-10-5162</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Helen C. Storck 7548 TEASDALE AVE</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Chr</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u>				1
		DUE TO (c) <u>422R</u>				
		11. 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"/>	
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)		
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?		

22. I hereby certify that I attended the deceased from Jan 2, 1952, to Sept 26, 1952, that I last saw the deceased alive on Sept 26, 1952, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>227 E Lockwood</u>		23c. DATE SIGNED <u>9-27-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9-29-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO. MO.</u>	

DATE REC'D BY LOCAL REG. <u>9-29-52</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>MITTELBERG FUNERAL HOME, INC</u> <u>73 W. LOCKWOOD AVE WEB. GR. MO.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

W W Wilkinson

Licensed Embalmer No.

3575

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.