

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37307
Registrar's No. 2799

XC 709 030
REG# 105869
FILED NOV 14 1952

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 500

4009

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY LINCOLN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TROY	
c. LENGTH OF STAY (in this place) 11 DAYS		d. STREET ADDRESS (If rural, give location) RURAL ROUTE #3	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) HARRY	b. (Middle) F.	c. (Last) STOCKMANN	4. DATE OF DEATH (Month) (Day) (Year) 10-30-52
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 10-28-93	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months Days	IF OVER 1 YEAR Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WELDER	10b. KIND OF BUSINESS OR INDUSTRY PETROLEUM REFINERY	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME WILLIAM STOCKMANN	13b. MOTHER'S MAIDEN NAME ANNA LINDSTROTH	14. NAME OF HUSBAND OR WIFE MINNIE STOCKMANN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WW-I	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFFERSON BRKS., MO.	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 9 MONTHS
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ADENOCARCINOMA OF LUNG		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 163X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION NONE	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, etc.) -----	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) -----
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) -----	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? -----
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22. I hereby certify that I attended the deceased from 10-19-1952, to 10-30-1952, and that death occurred at 6:35P m., from the causes and on the date stated above.

23a. SIGNATURE E. J. Szevczyk	(Degree or title) M.D.	23b. ADDRESS VET ADM HOSP, JEFF BRKS, MO.	23c. DATE SIGNED 10-30-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/3/52	24c. NAME OF CEMETERY OR CREMATORY VALHALLA CEMETERY	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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DATE REC'D BY LOCAL REG. 10-31-52	REGISTRAR'S SIGNATURE Hubert R. Donike M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz	ADDRESS 4828 Natural Bridge Blvd
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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 John A. Melner

Licensed Embalmer No. 4186

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.