

No. 300
10. 48.

FILED JAN 12 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2755

State File No.

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6051 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>St. Charles</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>St. Charles Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2079</u>	
c. LENGTH OF STAY (in this place) <u>23 years</u>		d. STREET ADDRESS (If rural, give location) <u>4310 O'Bear</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Evangelical Emmaus Home</u>			

3. NAME OF DECEASED a. (First) <u>AURELIA</u> b. (Middle) <u>STOCKAMP</u> c. (Last) <u>STOCKAMP</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 3, 1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>October 31, 1921</u>		9. AGE (In years last birthday) <u>31</u>		10. IF UNDER 1 YEAR Days <u>2</u> Hours <u>3</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Litchfield, Illinois</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Henry S. Stockamp</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth Wieger</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Theophil Stoerker, St. Charles, Mo.</u> ADDRESS _____	

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) <u>Intestinal obstruction</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Intussusception</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>5700</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>3 days</u>
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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, 1953 to Jan 3, 1953, that I last saw the deceased alive on Jan 2, 1953 and that death occurred at 10:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. P. Erich, Schultz MD</u>		23b. ADDRESS <u>St. Charles Mo.</u>		23c. DATE SIGNED <u>Jan 6/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>January 6, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Litchfield Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Litchfield, Illinois</u>	

DATE REC'D BY LOCAL REG. <u>Jan 6, 1953</u>		REGISTRAR'S SIGNATURE <u>Francis Hamilton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hochman-Bane</u> ADDRESS <u>St. Charles, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

920
5

MAR 25 1953

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 M. Bills

Licensed Embalmer No. 4375

P. O. Address St. Charles, 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.