

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30701

State File No. _____

FILED AUG 25 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2243

40001
 Mrs. Grace St. Johns
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 town) <u>Maryland Heights</u>		c. LENGTH OF STAY (in this place) <u>25 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Maryland Heights Rural</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>424 Edgeworth Avenue</u>			d. STREET ADDRESS (If rural, give location) <u>4250 421-Edgeworth Av-Robertson, Mo. R#1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u>		b. (Middle) <u>Hermina</u>	c. (Last) <u>Stoecker</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 14, 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 27, 1880</u>	9. AGE (In years last birthday) <u>73</u>	10. IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>DIETRICH BRUNKEN</u>		13b. MOTHER'S MAIDEN NAME <u>CAROLINE TRAKL TOLD</u>		14. NAME OF HUSBAND OR WIFE <u>Martin Stoecker</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Martin Stoecker Robertson, Mo. R#1</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u>				10mo
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	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 <u>331X</u>				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) <u>331X</u>			
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 <u>Oct. 19 52</u> to <u>Aug 14, 19 53</u> , that I last saw the deceased alive on <u>July 3, 19 53</u> , and that death occurred at <u>5:30 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Willard C. Gray, M.D.</u>		23b. ADDRESS <u>3938 St. Louis Road</u>		23c. DATE SIGNED <u>14 mo Aug 17 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-17-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Lebanon Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Pattonville, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>8-17-53</u>	REGISTRAR'S SIGNATURE <u>Hubert R. Dumb, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Baumgardner Bros. Inc. 2504 Woodson Rd-Overland-14-Mo.</u>		

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 David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 147th

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.