

THE DIVISION OF HEALTH OF MISSOURI
 FILED SEP 29 1955 STANDARD CERTIFICATE OF DEATH

State File No. 7790

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>7790</u>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>25 405 Washington Blvd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>405 Washington Blvd.</u>				d. STREET ADDRESS (If rural, give location) <u>25 405 Washington Blvd.</u>			
3. NAME OF DECEASED (Type or Print) <u>Ernest</u>		a. (First) _____		b. (Middle) <u>J.</u>		c. (Last) <u>Stocking</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 4, 1955</u>		5. SEX <u>M.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>	
8. DATE OF BIRTH <u>June 8, 1877</u>		9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Exec. Vice-Pres. Hobbs-Western Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bowling, Ohio</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Irish</u>		13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE <u>Mrs. Minnie Stocking</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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Joseph Hurley, 3463 Bervely Blvd.</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxemia nephritis with edema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Infarction</u> DUE TO (c) _____				MEDICAL CERTIFICATION <u>Toledo, Ohio</u> INTERVAL BETWEEN ONSET AND DEATH <u>One week</u> <u>Dec 1954</u> <u>10 years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4.20.1</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) _____		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>Dec</u> , 19 <u>54</u> , to <u>9-4</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>9-3</u> , 19 <u>55</u> , and that death occurred at <u>7:30 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Carl R. Rice M.D.</u>				23b. ADDRESS <u>611 Olive Str</u>		23c. DATE SIGNED <u>9-4-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Sept. 6, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Toledo, Ohio</u>	
DATE REC'D BY LOCAL REG. <u>SEP 6 1955</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Normally</u>		ADDRESS <u>3840 Lindell Blvd.</u>	

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

M.D.B. (Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. 4699

P. O. Address 384 Linden

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.