

FILED DEC 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43074

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2848

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Village of Edmunson</u>) | c. LENGTH OF STAY (in this place) <u>8 yrs</u> | c. CITY OR TOWN <u>Vil. of Edmunson</u> | d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10546 Mortimer Lane</u> | | e. STREET ADDRESS (If rural, give location) <u>10546 Mortimer Lane 4000</u> | |

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| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) <u>GESINA</u> | b. (Middle) <u>M.</u> | c. (Last) <u>STOECKLE</u> | (Month) <u>Dec.</u> | (Day) <u>5,</u> | (Year) <u>1955</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>Oct. 8, 1883</u> | 9. AGE (In years last birthday) <u>72</u> | IF UNDER 1 YEAR Months <u>1</u> Days <u>27</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Holland</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

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| 13a. FATHER'S NAME <u>John Schaepers</u> | 13b. MOTHER'S MAIDEN NAME <u>Margaret Frohoff</u> | 14. NAME OF HUSBAND OR WIFE <u>Harry Stoeckle</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>439-07-5574B</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Harry Stoeckle</u> | 10546 ADDRESS <u>Mortimer La</u> |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Abdominal carcinomatous</u> | | <u>6 mos</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ca of uterus</u> DUE TO (c) | | <u>3 yrs</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u> | | <u>3 yrs</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"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from Oct 22, 1949, to Dec 5, 1955, that I last saw the deceased alive on Dec 4, 1955, and that death occurred at 2 P. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Wayne O. Gorka M.D.</u> | 23b. ADDRESS <u>2739 N. Grand</u> | 23c. DATE SIGNED <u>12-8-55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>Dec 9, 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>12-8-55</u> | REGISTRAR'S SIGNATURE <u>Herbert B. Dombard</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Florissant</u> | 4746 ADDRESS <u>W Florissant</u> |
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WRITE PLAINLY—USING UNFAADING 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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
John J. Haines

Licensed Embalmer No. *410*
P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.