No. 300
10.48

FILED MAY 19 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 58-020190

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4908

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place) 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) New Faith Hosp. 10

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY 1
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 1716a N. 14th St. 2269

3. NAME OF DECEASED (Type or Print)
a. (First) Johanna
b. (Middle)
c. (Last) Stoecker

4. DATE OF DEATH (Month) (Day) (Year) May 5, 1958.

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH Feby. 11 1872
9. AGE (In years last birthday) 86 — IF UNDER 1 YEAR: Months 7, Days 25 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Stoecker
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE ~~[illegible]~~

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME R. J. Sacks — ADDRESS 4238 Schrier Av.

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) Acute Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis, cerebral & aortic sclerosis — 5 yrs.
DUE TO (c) Basilar Pneumonia Bilat — 1 wk.

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 334x
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/18, 1958, *to* 5/5, 1958, *that I last saw the deceased alive on* 5/8, 1958, *and that death occurred at* 10:05 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) S. Crapcraft M.D.
23b. ADDRESS 1901 Madison St
23c. DATE SIGNED 5/6/58

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 9, 1958
24c. NAME OF CEMETERY OR CREMATORY ~~St.~~ Mt. Olive Cem.
24d. LOCATION (City, town, or county) Mt. Olive St. St. Louis Co. (State) Mo.

DATE REC'D BY LOCAL REG. MAY 8 '58
REGISTRAR'S SIGNATURE J. Earl Smith M.D. S.P.
25. FUNERAL DIRECTOR'S SIGNATURE Bull-Campbell Mortuary — ADDRESS 5165 Delmar Bl.

(Licensed Embalmer's Statement on Reverse Side)

1901 Madison

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed Elton R. H. Renelves

Licensed Embalmer No. 428

P. O. Address St. Louis.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.