

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034981

STATE FILE NUMBER

FILED OCT 14 1958

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 2542

300
1-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Valley Park 4770. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospt.		Length of stay in lb 11 Hours	d. STREET ADDRESS (If outside, give location) 837-Meramec Station Road Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Frederick Charles Stoecker			4. DATE OF DEATH Month Day Year Oct. 2 1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 2-1885	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Salesman	10b. KIND OF BUSINESS OR INDUSTRY Stoecker Soda	11. BIRTHPLACE (City and state or country) Manchester Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Fred Stoecker	13b. MOTHER'S MAIDEN NAME Johanna Neibohr	14. NAME OF HUSBAND OR WIFE Sophia Stoecker
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) No	16. SOCIAL SECURITY NO. 499-05-5070	17. INFORMANT Address Sophia Stoecker Valley Park, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock		INTERVAL BETWEEN ONSET AND DEATH 6 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Pneumonia, rt. Lung	1 wk.
	DUE TO (c) 493X	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Emphysema, or pulmonary, prostatic hypertrophy		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Kirkwood, Mo.	COUNTY Mo.	STATE
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21. I attended the deceased from 1956 to 1 Oct 58 and last saw him alive on 1 Oct 58 Death occurred at 4 30 A. m on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE J. J. Hurst, M.D. (Degree or title)	22b. ADDRESS 109 West Jefferson Ave. Kirkwood, Mo.	22c. DATE SIGNED 2 Oct 58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 4-1958	23c. NAME OF CEMETERY OR CREMATORY St. Paul	23d. LOCATION (City, town, or county) Des. Peres Mo.	(State)
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24. FUNERAL DIRECTOR Schrader Funeral Home, Ballwin, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 10-3-58	26. REGISTRAR'S SIGNATURE Herbert B. Romick MD
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

no symptoms will be listed.

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 *Richard Bopp*

Licensed Embalmer No. *4584*

P. O. Address *Baltimore, Md.*

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.