

Health, Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046711

STATE FILE NUMBER

FILED JAN 6 1959

Registration District No. 317

Primary Registration District No. 547

Registrar's No. 3368

300
-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Richmond Heights		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Manchester 4000
c. FULL NAME OF (If NOT in hospital, give location) St. Mary's Hosp		Length of stay in lb 4 days	d. STREET ADDRESS (If outside, give location) HANNAH ROAD
3. NAME OF DECEASED (Type or print) Martha		First Middle Last Stoecker	4. DATE OF DEATH Month Dec Day 22 Year 1958

5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6-28-1882	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) unk.	12. CITIZEN OF WHAT COUNTRY? 9 U.S.A.		

13a. FATHER'S NAME JOHN GARTH	13b. MOTHER'S MAIDEN NAME ELIZABETH HAYTON	14. NAME OF HUSBAND OR WIFE Otto Stoecker
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. _____	17. INFORMANT Garth Stoecker Address Manchester, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic heart disease	10 years
	DUE TO (c) 4200	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		
20d. INJURY OCCURRED WHILE AT WORK <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 COUNTY STATE

21. I attended the deceased from 16 March 56 to Dec 22, 1958 and last saw her alive on Dec 20, 1958 Death occurred at 2 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) T. J. Schell M.D.	22b. ADDRESS 1617 Brentwood St. Louis 17, Mo.
22c. DATE SIGNED 12/23/58	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-24-58	23c. NAME OF CEMETERY OR CREMATORY Manchester Meth. Cem.	23d. LOCATION (City, town, or county) (State) Manchester, Mo.
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24. FUNERAL DIRECTOR Schrader Funeral Home Ballwin Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 12-23-58	26. REGISTRAR'S SIGNATURE Herbert R. Donke M.D.
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 M. Bopp*

Licensed Embalmer No. *4584*

P. O. Address *Bellwin, Mo.*

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.