

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22706**
Registrar's No. **5734**

318

1003

JUL 2-1952

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis 2109	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4476 Margaretta Avenue, 15.				d. STREET ADDRESS (If rural, give location) 4476 Margaretta Avenue, 15	
3. NAME OF DECEASED (Type or Print) George		a. (First) George		b. (Middle) Walter	
c. (Last) Stoker		4. DATE OF DEATH June 19th, 1952		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 10th, 1891	
9. AGE (In years last birthday) 60		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Work		10b. KIND OF BUSINESS OR INDUSTRY U. S. Gov't. Federal Bldg.	
11. BIRTHPLACE (City and State or Foreign Country) Nashville, Illinois		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Charles Stoker	
13b. MOTHER'S MAIDEN NAME Minnie Farmer		14. NAME OF HUSBAND OR WIFE Katie Stoker nee Klenke		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	
16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. Katie Stoker, 4476 Margaretta Ave., 15		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.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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) _____ (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 141X	
22. I hereby certify that I attended the deceased from Aug 21 , 1950, to June 19 , 1952, that I last saw the deceased alive on June 19 , 1952, and that death occurred at 12:30P m., from the causes and on the date stated above.					
23a. SIGNATURE Ray David Williams		23b. ADDRESS 114 W. Taylor, St. Louis 8, MO		23c. DATE SIGNED 20 June 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6/21/52		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
24d. LOCATION (City, town, or county) St. Louis County, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz		ADDRESS 4828 Natural Bridge Blvd.	
DATE REC'D BY LOCAL REG. JUN 20 1952		REGISTRAR'S SIGNATURE Cash Smith MO		mBB	

(Licensed Embalmers' Statement on Reverse Side)

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