N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 28

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

22761

1. PLACE OF DEATH

County St. Louis — Registration District No. 1170 — File No.

Township ~~Central~~ — Primary Registration District No. 6248 — Registered No. 163

City Richmond Heights (No. St. Mary's Hospital St. Ward)

2. FULL NAME Thomas C. Stoker.

(a) Residence, No. Allenton Mo. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 10-1889

7. AGE: Years 41 — Months 9 — Days 13 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Caretaker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Parkers Clubs.
10. Date deceased last worked at this occupation (month and year): June - 1931
11. Total time (years) spent in this occupation: 3 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Eureka Mo.

FATHER

13. NAME: Jay Stoker.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known.

MOTHER

15. MAIDEN NAME: Sarah Godfrey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known.

17. INFORMANT (ADDRESS): Mrs. John G. Herye. 2121 Prather Ave.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Bellefontaine — DATE: June 25, 1931

19. UNDERTAKER (ADDRESS): Crochan Una Co. Inc. 7146 Manchester Ave.

20. FILED 6/24 1931 C. L. Jensen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h..... alive on 6a, 19.... Death is said to have occurred on the date stated above, at 6a m.

The principal cause of death and related causes of importance were as follows:

Homicide by firearms — Date of onset 6/22/31

172 173

Other contributory causes of importance: Gun shot wound of Left Lung.

Name of operation: none — Date of —

What test confirmed diagnosis? Physical Exp. — Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Homicide — Date of injury 6/22, 1931

Where did injury occur? Allentown, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury: Shot gun wound

Nature of injury: Gun shot wound Left Lung

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John O'Connell, M. D.

6/22/31 (Address) Florence St. Louis County