WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

21295

File No. 5078

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 72

Township ..... Primary Registration District No. [illegible]

City Saint Louis (No. 4231w Saint Ferdinand Street St. ..... Ward)

2. FULL NAME William Stakely

(a) Residence, No. 4231w St Ferdinand St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Unknown 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: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, ~~WIDOWED OR DIVORCED~~ HUSBAND OF ~~(OR WIFE OF)~~ Jaunita C. Stakely

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9th, 1872

7. AGE: YEARS 61 | MONTHS 1 | DAYS 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Street Dept.-City

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unk

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Springs Alabama

FATHER

13. NAME Unknown Stakely

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Alabama

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Aalbama

17. INFORMANT (ADDRESS) Jaunita C. Stakely 4231w Saint Ferdinand

18. BURIAL, CREMATION, OR REMOVAL

PLACE Greenwood DATE Jun. 10, 1933

19. UNDERTAKER (ADDRESS) Charles J. Gates 4107 Finney Avenue

20. FILED JUN 10 1933 19 J. A. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3rd, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-2, 1933, to 6-3, 1933

I last saw him alive on 6-3-, 1933 Death is said to have occurred on the date stated above, at 12:25 A. M.

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

	Date of onset
94	
97	
Acute Coronary Thrombosis	1 day

Other contributory causes of importance:

arteriosclerosis 943 indefinite

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? No

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

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

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

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

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. Thomas, M. D.

(Address) 5529 N. Jefferson