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No. 2
1-10-39
17-39
X 21492

1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12120

FILED APR 8 1940

Registration District No. 784

Primary Registration District No. 111

State File No. _____

Registrar's No. 557

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Reynolds Heights, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 hours
(Specify whether

In this community _____
years, months or days 2 2 0

8. (a) PRINT FULL NAME RONALD STOKES

8. (b) If veteran, name war Chief 8. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Chief 6. (c) Age of husband or wife if alive Child years

7. Birth date of deceased Oct 1 1939
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 5 18 hr. 5 min.

9. Birthplace Washington Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Chief

11. Industry or business _____

MOTHER FATHER
12. Name Clay Stokes (1)
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Frances
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Clay Stokes
(b) Address Washington, Mo.

17. (a) Removal (b) Date thereof 3-22-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Albert St. Hipp
(b) Address 4700 Washington St.

19. (a) MAR 20 1940 (b) A. R. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town Washington
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 19
year 40 hour 4 minute 35 P.M.

21. I hereby certify that I attended the deceased from 3
19, 1940 to 3/19, 1940;
that I last saw him in alive on 3/19, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 24 hrs.

Due to _____
Due to 1070

Other conditions otitis media
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
7.17 (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature Kern S. H. Jackson (M. D. o)
Address 634 N. Garland Blvd Date signed 3/20/40

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

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 _____

working under my personal supervision.

Walter Bursley

Registered Apprentice No. 1

Signed

Albert E. V. Sapp

Licensed Embalmer No. 2971

P. O. Address _____

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 this body is not embalmed, above space should be left blank.