

Registration District No. 79117100 Primary Registration District No. 1003

5362

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Washington University Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Brentwood
(If outside city or town limits, write "RURAL")
(d) Street No. 2601 Celestia N.R.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

8. (a) PRINT FULL NAME John T. Stoval 314
8. (b) If veteran _____ name war _____ 8. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1940 hour 10:30 minute _____ A.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice Stoval 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased March 3 - 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 12, 1940 to June 17, 1940
that I last saw him alive on June 17, 1940
and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 3 Days 18 If less than one day _____ hr. _____ min.

Immediate cause of death apoplexy

9. Birthplace Kentucky
(City, town, or county) (State or foreign country)

Due to High Blood Pressure

10. Usual occupation Laborer

Due to Apoplexy
Other conditions Initial Insufficiency
(Include pregnancy within 3 months of death)

MOTHER FATHER { 11. Industry or business _____
12. Name George Stoval
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Kate Scruggs
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____

16. (a) Informant Alice Stoval
(b) Address 2601 Celestia, Brentwood
17. (a) Burial (b) Date thereof 6-24-40
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Louis A. Propp
(b) Address Kirkwood, Mo.
19. (a) JUN 21 1940 (b) J. F. Breder
(Date of registration) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury? _____
23. Signature R. H. Williams (M. D. or other) _____
Address 1301 S. Big Bend Rd. Date signed 6-21-40

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 _____

Louis H Bopp

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed *Louis H Bopp*

Licensed Embalmer No. *92-1*

P. O. Address *131 Argonne/Federal*

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.