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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30785

Registration District No. 791 FILED OCT 25 1940 Primary Registration District No. 1003 Registrar's No. 8062

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether

In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis 11
(If outside city or town limits, write "RURAL")

(d) Street No. 4020 Finney
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Horace Stokes Jr.

3. (b) If veteran, name war

3. (c) Social Security No. 492-16-3318

4. Sex MALE

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 12 (Day) 1918 (Year)

8. AGE: Years 22 Months 5 Days 13 If less than one day hr. min.

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

10. Usual occupation Elevator Operator

11. Industry or business office Bldg

FATHER
12. Name Horace Stokes Sr
13. Birthplace (City, town, or county) Ala (State or foreign country)

MOTHER
14. Maiden name Unk
15. Birthplace (City, town, or county) Ala (State or foreign country)

16. (a) Informant Hattie Owens

(b) Address 4020a Finney ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-28-40 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Atkins Bros

(b) Address 3644 Finney ave

19. (a) SEP 27 1940 (Date received by local registrar) (b) J. F. Burdick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25 year 1940 hour 5:25 minute A M.

21. I hereby certify that I attended the deceased from Sept 16, 1940, to Sept 25, 1940; that I last saw him alive on Sept 25, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	5 mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Edell M. Cutoff (M. D. or other)

Address 2601 N Whittier Date signed 9/25/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finn

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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