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

FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16533

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4051

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Isolation Hospital ()
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 Days (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis 76
(c) City or town ~~St. Louis~~ Lemay MR
(If outside city or town limits write "RURAL")
(d) Street No. 202 West Felton
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Phyllis Stovall
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
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 Aug. (Month) 8 (Day) 1938 (Year)
8. AGE: Years 2 Months 9 Days 3 If less than one day hr. min.
9. Birthplace St. Louis, (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation none
11. Industry or business
12. FATHER Name Otis Stovall
13. FATHER Birthplace Missouri. (City, town, or county) (State or foreign country)
14. MOTHER Maiden name Helen Hanersty
15. MOTHER Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant B. BUTTENUTH.
(b) Address Isolation Hospital
17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 14-41 (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn
18. (a) Signature of funeral director Fendler Und, Co.
(b) Address 744 Lemay Ferry Rd.
19. (a) MAY 14 1941 (Date received local registrar) (b) J. W. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11, year 1941 hour 5 minute 35 A. M.
21. I hereby certify that I attended the deceased from April 24, 1941 to May 11, 1941 that I last saw her alive on May 11, 1941. and that death occurred on the date and hour stated above.

Immediate cause of death: Meningitis, pneumococcus Type III
Due to: Mastoiditis
Due to: Otitis media acute
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations
Of autopsy purulent meningitis

Duration

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 Robert E. Sherk (M. D. or other) D
Address 5600 General Date signed 5/11/41

(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 Oliver E. Fendler

Licensed Embalmer No. 4148

P. O. Address St. Louis, Mo.

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.