

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

Registration District No. 784

Primary Registration District No. 115

Registrar's No. 1333

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
6939 Waterman, Ave.,  
(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, 96

(c) City or town University City, 9  
(If outside city or town limits, write "RURAL")

(d) Street No. 6939 Waterman, Ave., 5-  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME SARAH C. STOKELY.

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife S?B. Stokely 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec. 30 1852?  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

883	5	24	hr. _____ min.
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9. Birthplace Muncie, Ind.  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Issac P. Jones.

13. Birthplace Unknown (State or foreign country)

14. Maiden name Eliza Clem.

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. James R. Bissell

(b) Address 6939 Waterman, Ave.,

17. (a) removal (b) Date thereof 6-25-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director C.R. Lupton & Sons  
7255 Delmar Blvd.

(b) Address \_\_\_\_\_

19. (a) JUN 25 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24th  
year 1941 hour 9 minute 65 A. M.

21. I hereby certify that I attended the deceased from September 14  
1939 to June 25, 1941;  
that I last saw her alive on June 25, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Terminal infection  
and pneumonia  
Arteriosclerosis - general  
Due to Age + Bad  
Infection of glomeruli left kidney  
Due to with retention 3 yrs.

Other conditions: Fracture of humerus 5-16-41  
(Include pregnancy within 3 months of death)  
displaced humerus, X-Radiation

PHYSICIAN \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: [Signature]

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: not due to

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 5-16-41

(c) Where did injury occur? St. Louis County Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home.

While at work? no (Specify type of place) (e) Means of injury Fall

23. Signature [Signature] (M. D. or other) C.D.  
Address 811 Hamilton Blvd Date signed 6-25-41

Crematory office placed and  
case reported as not accidental  
death. 14-25-41  
J. S. C. - 25-41

DEC 12 1940.

864 Hamilton  
1-3:30 P.M.  
CA-2354

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.....

*Bradford A. Miles*

Licensed Embalmer No.....

*2901*

P. O. Address.....

*St. Louis*

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

If this body is not embalmed, fact should be so stated above.