

FILED FEB 24 1942

Registration District No. 791

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
 (b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Home r Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 mo. 2 days
(Specify whether
 In this community 1 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1032 W. Leonard
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Lucy Stokes

3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced widow
 6. (b) Name of husband or wife Columbus 6. (c) Age of husband or wife if alive - years
 7. Birth date of deceased March 2 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>10</u>	<u>10</u>	hr. <u>-</u> min. <u>-</u>

9. Birthplace Lauder Dale County Miss A
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

12. Name Peter Adams
 13. Birthplace unknown Miss A
(City, town, or county) (State or foreign country)
 14. Maiden name unk
 15. Birthplace unk Miss A
(City, town, or county) (State or foreign country)

16. (a) Informant Zella Fressel
 (b) Address 902 1/2 North Compton
 17. (a) Burial (b) Date thereof 1-17-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. F. Brudeck & Son
 (b) Address 1013 Bell Ave
 19. (a) JAN 16 1942 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12,
 year 1942 hour 7 minute 35 P. M.

21. I hereby certify that I attended the deceased from December 10, 1941 to January 12, 1942
 that I last saw h...er... alive on January 12, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Prob. Ca. of Stomach

Due to Hb
 Due to Hb

Other conditions Hb
(Include pregnancy within 3 months of death)

Major findings:
 Of operations -
 Of autopsy -

Duration Unk.

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?
 While at work? - (Specify type of place) (e) Means of injury -
 23. Signature J. W. Johnson (M. D. or other)
 Address 200 W. Wheeler Date signed 1/14/42

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 _____

Licensed Embalmer No. *2698*

P. O. Address *2769 Chouteau*

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, fact should be so stated above.