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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 2 1942

791

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 16710

Registrar's No. 4442

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Firmin Desloge Hospital
(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: 35

(a) State Missouri (b) County 2

(c) City or town Kennett 2 NR.
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Stokes, Velma Pearl

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 Seperated

6. (b) Name of husband or wife Wm. Riley Stoke

6. (c) Age of husband or wife if alive 42 ? years

7. Birth date of deceased October (Month) 22 (Day) 1912 (Year)

8. AGE:

Years	Months	Days	If less than one day
29	6	26	hr. min.

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

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Benjamin Franklin Herron
13. Birthplace Arkansas (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Clara Edith Hopkins
15. Birthplace Clary Co. Ark. (City, town, or county) (State or foreign country)

16. (a) Informant Ruth Martin (Aunt)
(b) Address 2325 A. Cass

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-22-42 (Month) (Day) (Year)
(c) Place: burial or cremation Hayti Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington

19. (a) MAY 21 1942 (Date received local registrar) (b) J. F. Bredell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1942 hour ten minute 10 p M.

21. I hereby certify that I attended the deceased from April 18, 1942 to May 18, 1942; that I last saw her alive on May 18, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Neoplasm of brain (glioblastoma multiforme)	Uncertain
Due to Malignant	
Due to	
Other conditions Hemiplegia left (Include pregnancy within 3 months of death)	5 months

Major findings:
Of operations None performed
Of autopsy ~~None permitted~~ Above confirmed

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 G. O. Brown (M. D. or other) M.D.
Address 1325 So. Grand Blvd. St. Louis, Mo. Date signed May 18, 1942

(Licensed Embalmer's Statement on Reverse Side)

JUN 8 1949

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 J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address City

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.