S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 3 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40616

Registration District No. 1318 Primary Registration District No. 1003 Registrar's No. 11614

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 1926a Montgomery St. / (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) 50 years

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 926 (If outside city or town limits, write "RURAL")

(d) Street No. 1926a Montgomery St. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Sabra A. Stokes

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 married

6. (b) Name of husband or wife David Stokes

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Nov. (Month) 24 (Day) 1861 (Year)

8. AGE: Years 82 Months 0 Days 28 If less than one day hr. min.

9. Birthplace (City, town, or county) Ky. / (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mr. David Stokes
(b) Address 1926a Montgomery St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-43 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.

19. (a) DEC 23 1943 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22nd. year 1943 hour 11:00 PM minute M.

21. I hereby certify that I attended the deceased from 1941 19 to Dec 22 1943 that I last saw her alive on Dec 22, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 0/8

Major findings:
Of operations

Of autopsy

Duration 2 yr.

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 [illegible] (M. D. or other)

Address 2503 [illegible] Date signed 12/23/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Becker 9 30

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 John P. Buckholz

Licensed Embalmer No. 1674

P. O. Address 3223 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, fact should be so stated above.