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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED NOV 20 1944  
Registration District No. 877

Primary Registration District No. 30691076

Registrar's No. 2314

1. PLACE OF DEATH:

(a) County St. Louis, County

(b) City or town Rural-Richmond Heights, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
7908 Elinore Avenue  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 6 Days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Pennsylvania (b) County 997

(c) City or town Aliquippa 36  
(If outside city or town limits, write "RURAL")

(d) Street No. 504 Hill Street  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country: -

3. (a) PRINT FULL NAME Stennis Belonia Patton

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 married

6. (b) Name of husband or wife: Charles Patton 6. (c) Age of husband or wife if alive: 57 years

7. Birth date of deceased: 6 - 15 - 1887  
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>45</u>	<u>4</u>	<u>24</u>	hr. <u>-</u> min.

9. Birthplace: Meridian Miss.  
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: -

12. Name: Joe Stokes

13. Birthplace: Lauderdale Co. Miss.  
(City, town, or county) (State or foreign country)

14. Maiden name: Roxanna Stennis

15. Birthplace: Kemper Co. Miss.  
(City, town, or county) (State or foreign country)

16. (a) Informant: Charles Patton - Husband

(b) Address: 504 Hill St. Aliquippa, Pa.

17. (a) Burial (b) Date thereof: 11-13-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Washington Park-Cem.

18. (a) Signature of funeral director: Marie Piley

(b) Address: 3759 Furn Ave. St. Louis, Mo

19. (a) EDD (b) E. S. Mahan  
(Date signed local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 9  
year 1944 hour 6:30 minute A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma, site un-  
specified Duration \_\_\_\_\_

Due to: 55e

Due to: \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations: \_\_\_\_\_

Of autopsy: No

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: \_\_\_\_\_

Signature: J. W. ... M.D. (M. D. or other) \_\_\_\_\_

Address: 601 Brentwood Blvd. Date signed: 11/13/44

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

107

DEC 18 1944

*[Handwritten scribbles]*

**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.....

..... *myself.* ....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *[Signature]* .....

Licensed Embalmer No. *9268*.....

P. O. Address *2812 Thomas*.....

**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.**