2
43
39
35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 25 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

821

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 390

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Lutheran Hosp.
(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 Mo. (b) County

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

(d) Street No. 3667 Shenandoah Av.
(If rural, give location)

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

3. (a) PRINT FULL NAME Tony C. Stovall.

3. (b) If veteran, name war no.

3. (c) Social Security No. 489-09-0345

4. Sex Male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ethel Stovall

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased May 5 1903
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
41	8	7	hr. min.

9. Birthplace Redford Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Maintanance Man.

11. Industry or business Chevrolet Motor Co.

FATHER
12. Name O. K. Stovall
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Wallace
15. Birthplace Desark Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant John F. Stovall
(b) Address 3460 Oak Hill Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-45
(Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cem.

18. (a) Signature of funeral director Witt Bros. Lt. Mo.
(b) Address 2929 S. Jefferson Av.

19. (a) JAN 15 1945 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12
year 1945 hour 11 minute 00 A.M.

21. I hereby certify that I attended the deceased from 5-15-44, 19__, to 1-11-, 1945;
that I last saw h. 1M alive on 1-10, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Cirrhosis of liver

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓

Of autopsy ✓

Duration

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 Paul H. Chapman (M. D. or other)
Address 3518 Dodier Date signed 1-13-44

(Licensed Embalmer's Statement on Reverse Side)

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. Ronald O Yahnke

Licensed Embalmer No. 3917

P. O. Address. St Louis

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

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