

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3132

FILED JAN 16 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 223

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

1. PLACE OF DEATH:

(a) County: St. Louis Mo.

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

(c) Name of hospital or institution:
4050 Garfield Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 yrs (Specify whether 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.: 4050 Garfield Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country: _____

3. (a) PRINT FULL NAME: James M Stovall

3. (b) If veteran name war: _____

3. (c) Social Security No.: NONE

4. Sex: Male 5. Color or race: negro

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

6. (b) Name of husband or wife: Mary E Stovall Age of husband or wife if alive: 73 years

7. Birth date of deceased: April 3-1864
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan day: 5th year: 1948 hour: 9 minute: 45 P. M.

21. I hereby certify that I attended the deceased from Aug. 1-47 to Jan 5, 1948

that I last saw b. J. M. alive on Jan 5, 1948 and that death occurred on the date and hour stated above. Duration _____

Immediate cause of death: Compensated heart failure

8. AGE: Years: 73 Months: 9 Days: 2 If less than one day: _____ hr. _____ min.

Due to: Hypertension

Due to: _____

Other conditions: 95
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____

Of autopsy: _____

PHYSICIAN: _____
Underline the cause of which death should be charged statistically.

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

10. Usual occupation: none

11. Industry or business: _____

12. Name: James E Stovall

13. Birthplace: Virginia
(City, town, or county) (State or foreign country)

14. Maiden name: unknown

15. Birthplace: Va
(City, town, or county) (State or foreign country)

16. (a) Informant: James Stovall

(b) Address: 4050 Garfield

17. (a) Burial (Burial, cremation, or removal) Date thereof: 1-9-48
(Month) (Day) (Year)

(c) Place: burial or cremation: Greenwood

18. (a) Signature of funeral director: Arthur Hood

(b) Address: 3644 Finley Ave

19. (a) JAN 8 1948 (Date received local registrar)

(b) J. F. Buresack (Registrar's signature)

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: Wallace (M. D. or other) MD

Address: 2337 Market Date signed: 1/7/48

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

Louis V. Atkins

Licensed Embalmer No. *2842*

P. O. Address *3644 Finley*

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.