

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17732
Registrar's No. 4584

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY ST LOUIS 91	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS 7		c. LENGTH OF STAY (In this place) 7 WKS	
d. FULL NAME OF HOSPITAL OR INSTITUTION DE PAUL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBSTER GROVES 74	
		d. STREET ADDRESS (If rural, give location) W.R. 114 CHESTNUT 1	

3. NAME OF DECEASED (Type or Print) TONY	a. (First)	b. (Middle) LEO	c. (Last) STOKES	4. DATE OF DEATH (Month) (Day) (Year) 5-23-1949
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 8-1903	9. AGE (In years last birthday) 45	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 HRS. Hour	13. UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) METALSMITH	10b. KIND OF BUSINESS OR INDUSTRY AVIATION	11. BIRTHPLACE (State or foreign country) CROCKER MO. 0	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME GEO. ANDERSON STOKES	13b. MOTHER'S MAIDEN NAME DOLLY PORTER	14. NAME OF HUSBAND OR WIFE ERMA GRACE STOKES
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Tony L. Stokes	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic hepatitis		INTERVAL BETWEEN ONSET AND DEATH 7
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) complicated by		
	DUE TO (c) Uracemia & Convulsions => 1 day		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION no operation	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 1212
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 592X
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22. I hereby certify that I attended the deceased from 3-31, 1949, to 5-23, 1949, that I last saw the deceased alive on 5-23, 1949, and that death occurred at 3 p. m., from the causes and on the date stated above.

23a. SIGNATURE J.W. [Signature]	(Degree or title)	23b. ADDRESS 495 [Address]	23c. DATE SIGNED 5/24/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5-26-1949	24c. NAME OF CEMETERY OR CREMATORY LAURAL HILL GARDENS	24d. LOCATION (City, town, or county) (State) ST LOUIS MO.
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DATE REC'D BY LOCAL REG. MAY 24 1949	REGISTRAR'S SIGNATURE J. B. [Signature]	25. FUMERAL DIRECTOR'S SIGNATURE ADDRESS Parker and Co. Webster Groves Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

J. W. Thompson
Med. and Nat. Hyg.
Maryland + Kentucky

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Leslie Helch

Signed _____

Student Embalmer

Licensed Embalmer No. *4395*

P. O. Address *Hopiter Graves Md*

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.