

FILED MAY 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17039

4064

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO.				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS			c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARYS INFIRMARY				e. STREET ADDRESS (If rural, give location) 5112 MAPLE AVE.				20370	
3. NAME OF DECEASED (Type or Print) ROSE			a. (First)		b. (Middle)		c. (Last) STOKES		
4. DATE OF DEATH 5-4-55		(Month) (Day) (Year)		5. SEX FEMALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH 6-12-1895		9. AGE (In years last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY NO		11. BIRTHPLACE (City and State or Foreign Country) STARKSVILL MISS.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME WILLIAM MC KELL		13b. MOTHER'S MAIDEN NAME AGNESS MC KELL		14. NAME OF HUSBAND OR WIFE FRED STOKES			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		(If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 499-31-1778		17. INFORMANT'S SIGNATURE OR NAME ADDRESS FRED STOKES 5112 MAPLE AVE			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Myeloma						INTERVAL BETWEEN ONSET AND DEATH 2-?	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ? DUE TO (c) ?							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. no							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION no operation						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) _____		22. I hereby certify that I attended the deceased from 5-1-1955, to 5-4-1955, that I last saw the deceased alive on 5-4-1955, and that death occurred at 4:30 p.m., from the causes and on the date stated above.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 203X					
23a. SIGNATURE (Degree or title) _____		23b. ADDRESS _____		23c. DATE SIGNED 5-6-55					
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 5-9-55		24c. NAME OF CEMETERY OR CREMATORY ST. PETERS CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY			
DATE REC'D BY LOCAL REG. MAY 7 1955		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. MCLENDON 4535 WASHINGTON					

(Licensed Embalmer's Statement on Reverse Side)

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

**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..

Student.....  
Signature of Student Embalmer

Signed..... *John K. Cunningham*

Licensed Embalmer No..... 441

P. O. Address..... 2405 Ma

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.