

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 29 1958

58-020191
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5380**

300
1-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR ST. INSTITUTION St. Marys Infirmary		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 4635 N. Market St.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Martha Middle Last Stokley			4. DATE OF DEATH Month 5 Day 20 Year 58		
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 28, 1905		9. AGE (In years last birthday) 52
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Matron		10b. KIND OF BUSINESS OR INDUSTRY U.S. Defense Plant		11. BIRTHPLACE (City and state or country) Tenn.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Dewett Stokley		13b. MOTHER'S MAIDEN NAME Martha Smith	
14. NAME OF HUSBAND OR WIFE Single		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 491-16-4359	
17. INFORMANT Mr. Clinton Stokley		Address 4635 No. Market			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction thyrototoxic goitre DUE TO (b) myxomatous aortic causing acute cardiac dilatation DUE TO (c) causing acute cardiac dilatation PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 1 day 7 MO. momentary
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 252.0			20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 5-17-58		20f. CITY, TOWN, OR LOCATION COUNTY STATE 5-20-58	
21. I attended the deceased from May 17 1958 and last saw her alive on May 20 1958 Death occurred at 4 P.M. 5-20-58 on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Henry E. Rosenberg			22b. ADDRESS 1467 Union		22c. DATE SIGNED May 21-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5-23-58	23c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery		23d. LOCATION (City, town, or county) Lemay Missouri
24. FUNERAL DIRECTOR C. W. Roberts Und. Co. 1416 N. Taylor			25. DATE RECD. BY LOCAL REG. MAY 22 58		26. REGISTRAR'S SIGNATURE Paul Smith MD

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 James G. Carter

Licensed Embalmer No. 4681
P. O. Address

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.