

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, Mo.</b>		Length of stay in 1b		c. CITY OR TOWN <b>St. Louis.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Homer Phillips Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>6242 Southwood, Ave.</b>	
				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Thomas</b> Middle <b>Tilden</b> Last <b>Stokes</b>			4. DATE OF DEATH Month <b>Sept.</b> Day <b>8</b> Year <b>1960</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/9/1876</b>	9. AGE (last birthday) <b>83</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Shipping Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Scruggs Store</b>		11. BIRTHPLACE (City and state or country) <b>Indianapolis, Indiana.</b>		
13a. FATHER'S NAME <b>(Unknown) Stokes</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Lawn</b>		14. NAME OF HUSBAND OR WIFE <b>Theresa Stokes</b>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Spanish American War Veteran</b>	16. SOCIAL SECURITY NO. <b>488-01-5781</b>	17. INFORMANT <b>Eleanor Barnett, 6242 Southwood, Ave.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (a) <b>Fractured Skull</b> DUE TO (b) <b>Heat exhaustion</b> DUE TO (c) <b>with a Subdural Hemorrhage</b>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>903.5-44</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>Suffered when deceased</b>	
20c. TIME OF INJURY Hour <b>9:16</b> a.m. p.m. Month, Day, Year <b>Sept 1 1960</b>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>05 Street St Louis Mo</b>		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>St Louis Mo</b>	

21. I attended the deceased from **205 P** to **205 P** and last saw her/him alive on \_\_\_\_\_  
 Death occurred at \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Patrick C. Taylor Coroner</b>		22b. ADDRESS <b>1300 Clark</b>		22c. DATE SIGNED <b>9-9-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>9-12-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>
24. FUNERAL DIRECTOR <b>Albert H. Hoppe Inc., 4700 Washington, Blvd</b>		25. DATE RECD. BY LOCAL REG. <b>SEP 9 1960</b>		26. REGISTRAR'S SIGNATURE <b>Carl Smith, M.D.</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Melvin J. Kemp

Licensed Embalmer No. 405

P. O. Address 4911 W. ...  
St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to  
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.