

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

21778

1. PLACE OF DEATH

County St. Louis
City Central Clayton
Ward 170

Registration District No. 289

Primary Registration District No. 20330

File No. Edgewood Park

Registered No. 170

2. FULL NAME

(a) Residence North Clayton St. Edgewood Park
(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Ruben Stokes

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

April 7 1867

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn.

10. NAME OF FATHER

Edmund Rose

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn.

12. MAIDEN NAME OF MOTHER

Olivia Johnson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn.

14.

INFORMANT

(Address)

Ruben Stokes
Box 712 Route 2 Clayton Mo.

15.

FILED

6/3, 1928 Willa Dray M. S. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

June 1 - 1928

17.

I HEREBY CERTIFY That I attended deceased from 5-28-1928, to 6-9-1928 that I last saw her alive on 6-9-1928 and that death occurred, on the date stated above, at 11:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Double Lobar Pneumonia

1010 (duration) yrs. 5 mos. 5 ds.

CONTRIBUTORY (SECONDARY)

190 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

at place of death

DID AN OPERATION PRECEDE DEATH?

no DATE OF

WAS THERE AN AUTOPSY?

no

WHEN TEST CONFIRMED DIAGNOSIS

(Signed) Dr. William Johnson
6-2-1928 (Address) 4039 a St. Mary

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Father Dickson Cemetery June 4 - 1928

20. UNDERTAKER

H. K. Deal ADDRESS 2726
Spencer

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

