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.

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

JAN 20 1937

791

1003

Do not use this space.

46429

File No.

Registered No. 12217

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St. Louis, Mo. (No. City Hospital No. 2 St. Ward)

2. FULL NAME Mary Emily Stockard

(a) Residence, No. 3131 Lawton St., 21 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	Col.	Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 1, ~~1876~~ 1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	63	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER

13. NAME Charles Street

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Sadie Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Ruby Perdeau
(ADDRESS) 2945 Lawton Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Popular Bluff Mo DATE Dec 12th, 1936

19. UNDERTAKER A. L. Besl Und Co.
(ADDRESS) 2726 Lucas ave

20. FILED DEC 12 1936 J. H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-30-, 1936 to 12-8-, 1936

I last saw her alive on 12-8-36, 19.... Death is said to have occurred on the date stated above, at 12:30 m. A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
HYPERTENSIVE HEART DISEASE	11-30-36

Other contributory causes of importance: ----

957

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? - -

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. L. Lewis, M. D.

(Address) 2945 Lawton Ave.