

AUG 17 1939

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St Louis Mo
 (b) City or town ST LOUIS MO
 (c) Name of hospital or institution:
2645 Pine St
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 (Specify whether
 In this community _____
 years, months or days)

8. (a) PRINT FULL NAME Celia Stovall 314

8. (b) If veteran, name war No 8. (c) Social Security No. NONE

4. Sex Female 5. Color or race col 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased May 15 1861
 (Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 22 If less than one day _____
 hr. min.

9. Birthplace Gray County Tenn
 (City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business _____

12. Name John Stovall

13. Birthplace Unknown Unknown
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown ?
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Stella Taborn

(b) Address 2645 Pine St

17. (a) BURIAL (b) Date thereof 7-13-39
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Standard St

19. (a) III 13 1939 (b) J. B. ...
 (Date of issue of this certificate) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
 (c) City or town ST LOUIS [21]
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2645 Pine St
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 7th day _____
 year 1939 hour 11:20 minute 55 M.

21. I hereby certify that I attended the deceased from June 1937
July 7th, 1937, to _____, 1937;
 that I last saw her alive on July 7th, 1937;
 and that death occurred on the date and hour stated above.

Immediate cause of death Duodenal Malignancy Duration 2 yrs

Due to _____

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. T. ... (M. D. or other) _____

Address 2605 1/2 Franklin Date signed 7/17/39

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.

DO NOT WRITE IN 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 Mysky

Lonnie Boykin, Registered Apprentice No. _____
working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 2940

P. O. Address St. Louis Mo

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 this body is not embalmed, above space should be left blank.