FILED SEP 5 1940 Day 3-1600

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 29605

Registration District No. 784 Primary Registration District No. 106 Registrar's No. 1542

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town Kirkwood, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis Marine Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Last Stay 11 days (Specify whether In this community ..... years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County [illegible]

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 8227 REILLY Ave., (If rural, give location)

(e) If foreign born, how long in U. S. A.? X years.

3. (a) PRINT FULL NAME Peter Stokes 322

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased June (Month) 3 (Day) 1873 (Year)

8. AGE: Years 67 Months 2 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Deckhand

11. Industry or business RETIRED

FATHER
12. Name John Stokes
13. Birthplace ..... (City, town, or county) England (State or foreign country) 4

MOTHER
14. Maiden name Jane Grayble
15. Birthplace ..... (City, town, or county) Illinos (State or foreign country)

16. (a) Informant U. S. Marine Hospital

(b) Address 525 Couch, Kirkwood, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Aug. 14-40 (Month) (Day) (Year)

(c) Place: burial or cremation PARK LAWN CEMETERY

18. (a) Signature of funeral director C. Hoffmeister U. & Co.

(b) Address 7814 S. Broadway

19. (a) AUG 13 1940 (Date received by registrar) (b) R. Meyer M. D. Jr. (Registrar's signature) A.K.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 11th year 1940 hour (Sixth) 6 minute 55 — P.M.

21. I hereby certify that I attended the deceased from Aug. 1st, 1940 to Aug 11th, 1940; that I last saw him alive on August 11th, 1940; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Carcinosis General Primary seat of cancer unk. | Unknown |
| Due to | |
| 53 | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) Hernia Venteral | 10years |
| Hypertrophy Prostate | Unknown |

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address U. S. Marine Hosp. Kirkwood Mo. Date signed 8/11/40

(Licensed Embalmer's Statement on Reverse Side)

## 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 .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Edw. H. Leibinger

Licensed Embalmer No. 4049

P. O. Address 6464 Ridgeway

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

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