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M-9-4-41  
v. 5-17-39  
I X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

9271

State File No.

2151

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(c) Name of hospital or institution:  
4815 McKissock Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community Unknown (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4815 McKissock Ave  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Frank Stokes

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

7. Birth date of deceased April 9, 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
57 10 25 hr. min.

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

10. Usual occupation Truck driver

11. Industry or business.....

MOTHER FATHER { 12. Name Not known  
13. Birthplace " " " (State or foreign country)  
14. Maiden name Not known  
15. Birthplace " " " (State or foreign country)

16. (a) Informant Hattie Stokes  
(b) Address 4815 Mc Kissock Ave

17. (a) Burial (b) Date thereof 3/10/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) MAR 9 1942 (b) J. F. Busch  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6,  
year 1942 hour 7:30 PM minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;  
that I last saw h..... alive on....., 19.....,  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Arteriosclerosis;  
Chronic Nephritis;

Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 6 months of death)

Major findings:  
Of operations.....  
Of autopsy.....

Duration  
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?  
While at work?..... (Specify type of place)  
Means of injury.....

23. Signature Thomas F. Callahan  
Address Deputy Coroner Date signed 3/9/42

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING 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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Francis A. Williamson  
Licensed Embalmer No. 3565  
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, fact should be so stated above.**