. S. No. 2
OM—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16649

FILED JUN 14 1943 318

Registration District No. .....

Primary Registration District No. 1003

Registrar's No. 5249

1. PLACE OF DEATH:

(a) County S

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

(c) Name of hospital or institution: ST. LUKE'S O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 DAYS (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State ILLINOIS (b) County ST. CLAIR

(c) City or town EAST ST. LOUIS 11
(If outside city or town limits, write "RURAL")

(d) Street No. 1626 N 46TH ST. O NR
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME DAISY STOCKS

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife FRANK C. STOKES

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

7. Birth date of deceased FEB (Month) 18 (Day) 1900 (Year)

8. AGE:

Years	Months	Days	If less than one day
43	3	19	..... hr. ..... min.

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

10. Usual occupation AT HOME

11. Industry or business .....

FATHER
12. Name JAMES BURKITT
13. Birthplace NOT KNOWN (City, town, or county) TENN. (State or foreign country)

MOTHER
14. Maiden name KATHERINE DEPOYSTER
15. Birthplace MACEDONIA (City, town, or county) ILL (State or foreign country)

16. (a) Informant Chas Burke

(b) Address EAST ST LOUIS ILL

17. (a) ~~BURIAL~~ Removal (Burial, cremation, or removal) (b) Date thereof JUNE 7, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation EAST ST LOUIS ILL

18. (a) Signature of funeral director Chas. Burke

(b) Address East St Louis Ill

19. (a) JUN 7 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month June day 7 year 1943 hour 4 55 minute a. M.

21. I hereby certify that I attended the deceased from 1940 ....., 19...., to June 7, 1943 that I last saw her alive on June 7, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral embolus	8 hrs.
Acute myocardial failure	6 hrs.
Due to: No definite heart disease	
Due to	
Other conditions: Iritis "L" (Include pregnancy within 3 months of death) 93	1 week

Major findings:
Of operations .....

Of autopsy .....

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 H. G. Newman (M. D. or other) M. D.

Address 3720 Washington St. Louis Mo Date signed 6/7/43

(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.....Chas M. Burke.....

Licensed Embalmer No.....2421.....

P. O. Address.....East St Louis Ill.....

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.