S. No. 2
M—2-43
5-17-39
P 1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 3 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

40615

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11436

1. PLACE OF DEATH:

(a) County St Louis Mo

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

(c) Name of hospital or institution: Homer Phillip O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Weeks (Specify whether years, months or days)

In this community 2 YEAR

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis, 1111 (If outside city or town limits, write "RURAL")

(d) Street No. 4458 Cote Brilliante 1 (If rural, give location)

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

If yes, name country O

3. (a) PRINT FULL NAME JANE. Stokes.

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex FEMAL

5. Color or race Col 3

6. (a) Single, widowed, married. 2 divorced Dead

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 2 (Day) 1866 (Year)

8. AGE: Years 77 Months 9 Days 16 If less than one day hr. min.

9. Birthplace BIRINGHAM ALA (City, town, or county) 1 (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name JACK FREEMAN
13. Birthplace ALA (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name MILLIE SANDER
15. Birthplace ALA (City, town, or county) 1 (State or foreign country)

16. (a) Informant MRS VIOLA COKER

(b) Address 4283 Cote Brillante

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof Dec 20 1943 (Month) (Day) (Year)

(c) Place: burial or cremation CANTON Miss

18. (a) Signature of funeral director HERMAN J. SMITH

(b) Address 4247 LABADIE AVE

19. (a) DEC 20 1943 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18, year 1943 hour 11 minute 50 A. M.

21. I hereby certify that I attended the deceased from December 2, 1943 to December 18, 1943; that I last saw her alive on December 18, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr. Nephritis	Unk.
Hypertensive Heart Disease	Unk.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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 J. E. Smith O (M. D. or other)

Address Hoin Whittier Date signed 12/20/43

(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 William C. McDowell, Registered Apprentice No. ..... working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address .....

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.