

S. No. 2
M-5-43
7. 5-17-39
P I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35639**
Registrar's No. **8571**

FILED OCT 16 1948
318

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County.....
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Infirmary Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1st year** (Specify whether
In this community..... ~~3 years~~ (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. **5308 Maple**
(If rural, give location)
(e) Citizen of foreign country? **American** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Meredith Martin Stockton**
3. (b) If veteran, name war. **?** 3. (c) Social Security No. **?**

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **Divorced**
6. (b) Name of husband or wife **Louise Liston**
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **June 27 1876**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 3 8 hr. min.

9. Birthplace **St. Louis, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **?**

11. Industry or business.....

MOTHER FATHER { 12. Name **Alexander Stockton**
13. Birthplace **Ky.**
(City, town, or county) (State or foreign country)
14. Maiden name **Sophia Martin**
15. Birthplace **Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **City Infirmary Records**

(b) Address **5800 Arsenal St.**

17. (a) **Cremation** (b) Date thereof **10/8/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Crematory.**

18. (a) Signature of funeral director **C. R. Lupton & Sons.**

(b) Address **#7233 Delmar Bly'd.**

19. (a) **OCT 5 1948** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **5**
year **1946** hour **4:20** minute **0** M.
21. I hereby certify that I attended the deceased from **Oct. 5, 1945**
to **Oct. 5, 1946**
that I last saw him alive on **Oct. 4, 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** 1945

Due to.....
Due to **Emphysema - Nontubercular** 1946 pl.

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) (e) Means of injury **?**
While at work?.....
23. Signature **John Duane Bonbrak** (M. D. or other)
Address **5800 Arsenal St.** Date signed **10/5/46**

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..... *Raymond L. Morris*
Licensed Embalmer No. *4530*
P. O. Address..... *Maplewood, 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.