U. S. No. 300
50M—10-47
Rev. 5-17-39
Form I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 25 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10725

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2643

00 17 9

1. PLACE OF DEATH:

(a) County: St Louis

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

(c) Name of hospital or institution: Homer G Phillips Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 32 hours (Specify whether years, months or days)

In this community

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. 517 Gratiot (If rural, give location)

22

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

If yes, name country

000 17 9 0

3. (a) PRINT FULL NAME: Merle Stokely

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male 2

5. Color or race: Negro

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: Jan (Month) 4 (Day) 1948 (Year)

8. AGE: Years | Months: 2 | Days: 10 | If less than one day: hr. min.

9. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Nil

11. Industry or business:

MOTHER FATHER

12. Name: Timothy Stokely

13. Birthplace: Cahokia (City, town, or county) Illinois (State or foreign country)

14. Maiden name: Velma Griffin

15. Birthplace: Eddiceva (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant: Timothy Stokely

(b) Address: 517a Gratiot

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mch 17 '48 (Month) (Day) (Year)

(c) Place: burial or cremation: Washington Park

18. (a) Signature of funeral director: Peoples Undertaking

(b) Address: 3140 Franklin

19. (a) MAR 17 1948 (Date received local registrar) J. F. Bradecker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 14 year 1948 hour 8 minute 15 P M.

21. I hereby certify that I attended the deceased from Mar. 13, 1948 to Mar. 14, 1948 that I last saw her alive on Mar. 14, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Allergic Dermatitis; Cardiac Enlargement; Spleenectomy — Duration: Congenital

Due to:

Due to:

157

Other conditions: None (Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy: No

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: 0

Signature: Warrington Bowser (M. D. or other)

Address: 2601 N Whittier Date signed: 3/15/48

(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. Jatie G. Pettus

Licensed Embalmer No. #184

P. O. Address St. Louis, Mo.

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

If this body is not embalmed, fact should be so stated above.