

FILED FEB 2 1952

STANDARD CERTIFICATE OF DEATH

3371

State File No.

0509 Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		220, 9	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				d. STREET ADDRESS (If rural, give location) 20 27 1/2 * N. Jeffersonwell			
3. NAME OF DECEASED (Type or Print) a. (First) Henry		b. (Middle) John		c. (Last) Stovall		4. DATE OF DEATH (Month) (Day) (Year) Jan. 15 1952	
5. SEX Male		6. COLOR OR RACE Cal		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 15-1897	
9. AGE (In years last birthday) 54		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Miss. Tennessee	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Henry Stovall		13b. MOTHER'S MAIDEN NAME Percelette Smaat		14. NAME OF HUSBAND OR WIFE Albert Stovall	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 498-07-4429		17. INFORMANT'S SIGNATURE OR NAME Albert Stovall			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left Pleural Effusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undetermined DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				INTERVAL BETWEEN ONSET AND DEATH Undet.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 0031			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-13 , 19 52 , to 1-15 , 19 52 , that I last saw the deceased alive on 1-15 , 19 52 , and that death occurred at 3:50 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Percelette Smaat				23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 1-16-52	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 1-19-52		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St Louis County MO	
DATE REC'D BY LOCAL REG. JAN 17 1952		REGISTRAR'S SIGNATURE J. Carl Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. P. Richardson 2625 Glasgow			

WRITE PLAINLY—USING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed A. D. Richardson

Signed.....
Student Embalmer

Licensed Embalmer No. 2928

P. O. Address 2625 Glasgow

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of }
County of } ss.

State File No. 3371-52
Local Registrar's No. 0509

AFFIDAVIT FOR CORRECTION OF A RECORD

On this..... day of....., 194....., before me appears.....

for Henry John Stovall, who, upon..... oath, states that the original record of birth death
died 1-15, 1952, in the State of
born....., should be corrected as follows:

Item No. 2 should read Henry John Stovall

Instead of.....

Item No. 11 should read Mississippi

Instead of.....
Tenn.

Item No..... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant mas Alberte Stovall ^{Def}
Relationship.....

2579th n Leppingwell City
Present Address.....

Subscribed and sworn to before me this 25 day of Sept., 1942

My Commission expires 3-4-53
Bea C Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

1952