

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

45101

State File No. 12150  
Registrar's No.

FILED JAN 26 1953  
BIRTH NO. 92142

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH  
a. COUNTY  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis  
c. LENGTH OF STAY (in this place) 4 hrs 45 mins  
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri  
b. COUNTY  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2257  
d. STREET ADDRESS (If rural, give location) 25 1117 N. 11th

3. NAME OF DECEASED (Type or Print)  
a. (First) Stokes  
b. (Middle)  
c. (Last)  
4. DATE OF DEATH (Month) (Day) (Year) 12 27 52

5. SEX Fem. 3  
6. COLOR OR RACE Negro  
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) U  
8. DATE OF BIRTH 12-27-02  
9. AGE (In years last birthday) 49  
10. MONTHS 11  
11. DAYS 45

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
10b. KIND OF BUSINESS OR INDUSTRY  
11. BIRTHPLACE (City and State or Foreign Country) Missouri 0  
12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME  
13b. MOTHER'S MAIDEN NAME Lillian Stokes  
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
16. SOCIAL SECURITY NO.  
17. INFORMANT'S SIGNATURE OR NAME Mary Duval Jett  
18. ADDRESS 2601 N. Whittier

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Premature birth  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b)  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION  
19b. MAJOR FINDINGS OF OPERATION  
20. AUTOPSY? YES  NO

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) 776A

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  
21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from 12-27-1952, to 12-27-1952, that I last saw the deceased alive on 12-27-1952, and that death occurred at 6:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE M. D. Aitcheson  
23b. ADDRESS 2601 N. Whittier  
23c. DATE SIGNED 12-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify) 1-31-53  
24b. DATE  
24c. NAME OF CEMETERY OR CREMATORY Anatomical Board  
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. JAN 5 1953  
REGISTRAR'S SIGNATURE J. Carl Smith  
25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service  
ADDRESS 404 Mangrove Ave.

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

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**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

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.**