

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12374**  
Registrar's No. **2136**

FILED MAR 18 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. <b>12374</b>		Registrar's No. <b>2136</b>		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>St. Clair</b>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>16 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Belleville</b>		<b>8120</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>137 North 37th</b>						
3. NAME OF DECEASED (Type or Print) a. (First) <b>HARRY</b>			b. (Middle) <b>E.</b>			c. (Last) <b>STOOKEY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 21, 1953</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>July 30, 1888</b>		9. AGE (In years last birthday) <b>64</b>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 YEAR Hours _____ Min. _____	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Yard Conductor</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>N.Y.C.R.R.</b>			11. BIRTHPLACE (City and State or Foreign Country) / <b>Smithton Twp., Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		
13a. FATHER'S NAME <b>Samuel E. Stookey</b>			13b. MOTHER'S MAIDEN NAME <b>Ellie Foulkes</b>			14. NAME OF HUSBAND OR WIFE <b>Blanche H. Stookey</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>713-05-5068</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Blanche H. Stookey</b>						ADDRESS <b>Belleville, Ill.</b>
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bleeding Duodenum of Pancreas</b>		MEDICAL CERTIFICATION <b>YTH. CARCINOMA</b>						INTERVAL BETWEEN ONSET AND DEATH <b>6 Mo.</b>
		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 <b>2/11/53</b>		19b. MAJOR FINDINGS OF OPERATION <b>Abdominal Carcinomatosis due to Pancreatic Carcinoma</b>						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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>157X</b>								
22. I hereby certify that I attended the deceased from <b>2/19</b> , 19 <b>53</b> , to <b>2/21</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>2/21</b> , 19 <b>53</b> , and that death occurred at <b>9<sup>00</sup> P.M.</b> , from the cause and on the date stated above.										
23. SIGNATURE <b>Edward J. Howell</b>				23b. ADDRESS <b>1110 634 St. Grand</b>				23c. DATE SIGNED <b>2/24/53</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb. 25, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Green Mount</b>		24d. LOCATION (City, town, or county) (State) <b>Belleville, Illinois</b>				
DATE REC'D BY LOCAL REG. <b>FFR 24 1953</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>			5. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. ...</b>					ADDRESS <b>Belleville, Ill</b>

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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed Edgar A. Baldwin  
Licensed Embalmer No. 2846  
P. O. Address Belleville, Ill.

**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.