

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034738
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8481

FILED OCT 3 1958

300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Belleville ⁸¹²⁹ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1		Length of stay in lb 32	d. STREET ADDRESS (If outside, give location) 612 S. Missouri Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last SAMUEL STOOKEY			4. DATE OF DEATH Month Day Year 8-29-58		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 8, 1896	9. AGE (In years last birthday) 62	10. FUNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Mgr	10b. KIND OF BUSINESS OR INDUSTRY Alumite Lub. Co.	11. BIRTHPLACE (City and state or country) Freeburg, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Samuel E. Stookey	13b. MOTHER'S MAIDEN NAME Ellie Foulkes	14. NAME OF HUSBAND OR WIFE Mamie A. Stookey
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War #1	16. SOCIAL SECURITY NO. 328-03-4511	17. INFORMANT Address Ellie Stookey Belleville, Ill.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage, Left		INTERVAL BETWEEN ONSET AND DEATH 32 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 331x		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from Death occurred at 8-28-58 7:40 P.M. to 8-29-58 1:PM and last saw her alive on 8-29-58 and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John Holt M.D.	22b. ADDRESS 1515 LAFAYETTE AVE	22c. DATE SIGNED 8-29-58
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23a. BURIAL, CREMATION, or REMOVAL (Specify)	23b. DATE SEP 2 1958	23c. NAME OF CEMETERY OR CREMATORY WALNUT HILL	23d. LOCATION (City, town, or county) (State) BELLEVILLE ILL
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24. FUNERAL DIRECTOR ADDRESS Walter B. Baldwin Belleville	25. DATE RECD. BY LOCAL REG. SEP 2 58	26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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
Signature of Student Embalmer

Signed *Fujil A. Bergman*

Licensed Embalmer No. *3697*

P. O. Address *Bellville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.