MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

31387

File No. 791
Registered No. 8992
Registration District No. 1003
Primary Registration District No.

1. PLACE OF DEATH

County
Township
City St Louis (No. 4639 Forlin Ave St., Ward)

2. FULL NAME Henry D. Stanton

(a) Residence. No. 4639 Forlin Ave St., 10 Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Carrie Stanton 4865

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 19, [redacted]

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
65	7	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Florist
(b) General nature of industry, business, or establishment in which employed (or employer) Retired
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) New York

PARENTS
10. NAME OF FATHER Alexander Stanton
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) N. Y.
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) England

14. INFORMANT Carrie Stanton
(Address) 4639 Forlin Ave

15. FILED SEP 16 1930 Vivian C. Hirle REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 15, 1930

17. I HEREBY CERTIFY, That I attended deceased from October 4, 1929, to Sept. 15, 1930, that I last saw him alive on Sept 15, 1930, and that death occurred, on the date stated above, at 5:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1a. Chronic Endocarditis
2a. Emphysema (At Chest)
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Lobar Pneumonia
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Home
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Rupert Brooks, M. D.
9-16-1930 (Address) 2743 Ho Grand

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Jacks Chapel Cemetery	Sept. 18, 1930
20. UNDERTAKER	**ADDRESS**
Drehmann & Hanal	1905 Union

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Lindell Trust B.
Grand + St. L.
9-10
3-4