

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No..... **791**
1003 File No. **26614**
Towship..... Primary Registration District No..... Registered No. **7768**
St. Louis (No. **Mo. Baptist Hospital** St. Ward)

2. FULL NAME

Earle Stacey
(a) Residence. No. **1043 1/2 E. Park Pl.** St. **12** Ward. **University City, Mo.**
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OR (OR) WIFE OF **Ruth Stacey**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Jan. 7 - 1910.**

7. AGE YEARS MONTHS DAYS H LESS than 1 day, hrs. or min.
21 6 5

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

9. BIRTHPLACE (CITY OR TOWN) **St. Louis**
(State or Country) **Missouri**

10. NAME OF FATHER **Harry Stacey**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Pennsylvania**
(State or Country)

12. MAIDEN NAME OF MOTHER **Eugene Taylor**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Missouri**
(State or Country)

14. NAME OF DECEASED **Harry Stacey**
(Informant) (Address) **1043 1/2 E. Park Pl.**

15. FILED **23 1931** **W. Stacey**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **July 12, 1931.**

17. I HEREBY CERTIFY, That I attended deceased from **July 9, 1931**, to **July 12, 1931**, that I last saw him alive on **July 12, 1931**, and that death occurred, on the date stated above, at **1:12 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Adenoma of Pancreas
Benign

CONTRIBUTORY **Ac. Hemorrhagic hepatitis**
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? **no.** DATE OF

WAS THERE AN AUTOPSY? **yes**

WHAT TEST CONFIRMED DIAGNOSIS? **Microscopical examination**
(Signed) **E. C. Prindle**, M. D.

July 12, 1931. (Address) **Lister Bldg. St. Louis**

*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 **Valhalla Cem.** **July 15, 1931.**

20. UNDERTAKER **Jas W. Clark, No. 1125**
ADDRESS **1125**

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.

