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.

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

Do not use this space.

39430

File No. 11620

Registered No.

**1. PLACE OF DEATH**

County ..... Registration District No. 791

Township ..... Primary Registration District No. 003

City St Louis (No. 6336, Woodland Ave St. ..... Ward)

**2. FULL NAME** Barbara Stanley

(a) Residence, No. 6336 Woodland Ave St., 7 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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) |
|---|---|---|
| Female | White | Single |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7, 1931

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| | 7 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Missouri

FATHER

13. NAME Cecil Stanley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chelsea Okla.

MOTHER

15. MAIDEN NAME Ruby Schephard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okla.

17. INFORMANT (ADDRESS) Mr. Cecil Stanley 6336 Woodland Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valhalla Cemetery DATE ....19

19. UNDERTAKER (ADDRESS) Geo. L. Pleitsch Inc. 5966-68 Easton Ave

20. FILED NOV 20 1931, 19 Max C. Starkey Registrar.

**MEDICAL CERTIFICATE OF DEATH**

No Physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11 30 a m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia (Primary) 107A

Date of onset

Other contributory causes of importance: 107A

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Hearley M.D.

(Address) 11/20/31 City Coroner