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

1. Do not use this space.

File No. 18269
Registered No. 4845

1. PLACE OF DEATH JUN 12 1937
County Hosp 2
Registration District No. 791
Township
Primary Registration District No. 1003
City St Louis Mo (No. City Hosp #2 St. Ward)

2. FULL NAME Maurice Clay Stanton

(a) Residence, No. 1817½ N. Newstead St., ave. Ward. 11
(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	Colored	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/3/85

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
2	3	7	

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. None

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

11. Total time (years) spent in this occupation

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

FATHER

13. NAME Lawrence Stanton

14. BIRTHPLACE (CITY OR TOWN) St Louis, (STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Daisy McClendon

16. BIRTHPLACE (CITY OR TOWN) Aberdeen, (STATE OR COUNTRY) Miss

17. INFORMANT Lawrence Stanton (ADDRESS) 1817½ N. NEWSTEAD. ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE May 13 1937

19. UNDERTAKER Cunningham Bro. (ADDRESS) 1933 Delmar Blvd

20. FILED MAY 12 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Attending Physician

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/10/1937

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 9:45 A.m.

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

	Date of onset
Broncho Pneumonia (primary)	

Other contributory causes of importance:

Name of operation ..... 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 ✓

Nature of injury "

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Alfred J. Kern, M.D.

(Address) Deputy Coroner

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.