

FEB 16 1938

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

4233  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 96  
(b) Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. 21  
(c) City Normandy - Wellston Street No. 3310 Welsburg Drive St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

May Stanton 353  
(a) Residence, No. 3310 Welsburg Drive St.  Normandy, Missouri  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3, 1878  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 59 8 0  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home  
9. Industry or business in which work was done, as 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 Daniel N. Stanton  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florence Alabama

MOTHER 15. MAIDEN NAME Josephine Meyer  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Indiana

17. INFORMANT Edna Stanton - Sister  
(ADDRESS) 3310 Welsburg, Normandy, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Park DATE Jan. 6, 1938

19. FUNERAL DIRECTOR C. Hoffmeister U. & L. Co.  
(ADDRESS) 7814 S. B'way St. Louis, Mo.

20. FILED 1-4 THEODORE B. MEYER M. D.  
Deputy State Comm. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1937, to Jan 3, 1938  
I last saw her alive on 1/3, 1938 Death is said to have occurred on the date stated above, at 4:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of Lungs Date of onset 6 mos  
50  
Other contributory causes of importance: Carcinoma of chest wall

Name of operation Radical Breast (Bilateral) Date of \_\_\_\_\_  
What test confirmed diagnosis? Lab. Was there an autopsy? no

23. If death was due to external cause (Injury, 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 \_\_\_\_\_  
P. H. (Signed) Leo Hughes M. D.  
(Address) Ferguson mo

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.

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*George W. Hoffmeister, Inc.  
2-3 PM*

**STATEMENT BY LICENSED EMBALMER**

I, George W. Hoffmeister, Licensed Embalmer No. 2426

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Linus C. Hoffmeister

L. E. #3871

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Geo. W. Hoffmeister

Licensed Embalmer No. 2426

**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.)**

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

4233  
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1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784  
 (b) Township \_\_\_\_\_ Primary Registration District No. 200 Registered No. \_\_\_\_\_  
 (c) City Wellston (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mary Stanton  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S  
 (Write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3 1938

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

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

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

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>59</u>	<u>8</u>	<u>0</u>	

Carcinoma of lungs  
 Date of onset \_\_\_\_\_

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_  
 11. Total time (years) spent in this occupation \_\_\_\_\_

50  
 Other contributory causes of importance:  
Malignancy of chest wall preceded by ca of breast

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation Breast? Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

FATHER  
 13. NAME

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

MOTHER  
 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_\_\_

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 1-4 1938 DR Mays Local Registrar.

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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) C. G. Hughes, M. D.  
 (Address) Ferguson

SUPPLEMENTAL

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-4233

1938