

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.

17 1939 REC'D MAY 11 1939

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

16152
Do not use this space.

1. PLACE OF DEATH 2

(a) County Orleans Registration District No. 784

(b) Township 1 Primary Registration District No. 115 Registered No. 686

(c) City St. Louis Co. City (d) Street No. 6709 Plymouth Ave. St.

(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 Irvin J. Stanley

(a) Residence, No. 6709 Plymouth Ave. St. (If nonresident, give city or town and State)

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 OF (OR) WIFE OF Mabel R. Stanley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24-1883

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
<u>55</u> <u>56</u>	<u>8</u>	<u>20</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ins. Auditor

9. Industry or business in which work was done, as saw mill, bank, etc. T. H. Manton Co.

10. Date deceased last worked at this occupation (month and year) Feb. 1939 11. Total time (years) spent in this occupation 10yrs

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

FATHER 13. NAME Ezra Stanley

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

MOTHER 15. MAIDEN NAME Ella Weesner

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

17. INFORMANT Mabel R. Stanley (ADDRESS) 6709 Plymouth Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wabash Ind. DATE April 18, 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Alexander and Sons 6175 Delmar Blvd.

20. FILED APR 17 1939 JR Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15 1939

22. I HEREBY CERTIFY That I attended deceased from March 1939, to April 15 1939

I last saw him alive on April 12 1939. Death is said to have occurred on the date stated above, at 2:09 a.m.

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

Generalized malig. cancer of chest
Sarcoma not yet ascertained
Possibly carcinoma of
bronchial mucosa in place of
central death? exam. indicated

Other contributory causes of importance:
Chronic degenerative
nutrit. a. in a. ang.

Name of operation Ventriculogram Date of March 1939

What test confirmed diagnosis? Yes Was there an autopsy? Yes

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) J. H. Clark, M. D.
(Address) 841 Hamilton Blvd.
St. Louis, Mo.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Jos. E. McCulloch

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Jos. E. McCulloch

Licensed Embalmer No. *2430*

P. O. Address *6175 Delmar*

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.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

16157 -
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis
(b) Township
(c) City
(e) Length of residence in city or town where death occurred

Registration District No. 784
Primary Registration District No. 115

Registered No. 686 -

(d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number) St.
yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 6709 Plymouth St.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 15 1919

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

22. I HEREBY CERTIFY, That I attended deceased from

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 55 8 21

I last saw h. alive on _____, 19____. Death is said to have occurred on the _____ at _____.

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

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.

Gen. Arteriosclerosis
possibly carcinoma bronchial
mesenteric glands.

Other contributory causes of importance:
Cerebral death - brain metastasis
Chr. Endocarditis
Mitral arterial insufficiency

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19____ Local Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

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) J. F. Clark, M. D.
(Address) 844 Hamilton

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENT 41

