JUN 20 1939

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

Do not use this space. 23246

96

1. PLACE OF DEATH

(a) County St. Louis 2 Registration District No. 784

(b) Township ~~Normandy~~ 1 Primary Registration District No. 200 Registered No. 1089

(c) or City Overland (d) Street No. 9515 Marlowe 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 7 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 356 Louisa Jane Stanard

(a) Residence, No. 9515 Marlowe 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 18-1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	84	2	28	

OCCUPATION

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

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) Apanoose, Iowa 1

FATHER

13. NAME John P. Salisbury 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Apanoose, Iowa 1

MOTHER

15. MAIDEN NAME Hanna Teague

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

17. INFORMANT (ADDRESS) Gladys Brown 9515-Marlowe Overland, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brookfield, Mo. DATE 6-19-39, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Baumann Bros. Inc. Overland, Mo.

20. FILED JUN 20 1939 D. R. Meyer M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1939, to June 16, 1939

I last saw her alive on June 16, 1939. Death is said to have occurred on the date stated above, at 9:10 P m.

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

	Date of onset
Myocarditis	1929
131	
Other contributory causes of importance: Chronic Nephritis	1935

Name of operation None Date of —

What test confirmed diagnosis? Clinical 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) Herman J. Kloecker, M. D.

(Address) 962 Lockland Rd

(Licensed Embalmer's Statement on Reverse Side)

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.

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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, or by Earl H Hilleman, Registered Apprentice No. 3501 working under my personal supervision.

Signed Earl H Hilleman

Licensed Embalmer No. 3501

P. O. Address Overland M

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.