

JAN 12 1940

Registrar's No. 10294

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

## 1. PLACE OF DEATH:

(a) County 1  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
BARNES HOSPITAL  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME VERDA IRENE STAPLETON 314-

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife If \_\_\_\_\_

7. Birth date of deceased April 20 1912  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
27 7 10 hr. min.9. Birthplace Polk Co. Illinois  
(City, town, or county) (State or foreign country)10. Usual occupation Office Work

11. Industry or business \_\_\_\_\_

12. Name Charles Stapleton13. Birthplace Polk Co. Illinois  
(City, town, or county) (State or foreign country)14. Maiden name Cierra Solomon15. Birthplace Williamson Co. Illinois  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Charles Stapleton(b) Address Polk Co., Ill.17. (a) Removal (b) Date thereof 12/1/39  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Marion, Ill.18. (a) Signature of funeral director Albert H. Hoppe(b) Address 4700 Washington Ave.19. (a) DEC 1 1939 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's Signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County \_\_\_\_\_  
 (c) City or town Marion NR  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 402 North Otis  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30  
year 1939 hour 12 minute 30 P.M.21. I hereby certify that I attended the deceased from  
November 11, 1939, to November 30, 1939,  
that I last saw her alive on November 30, 1939,  
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic lung abscess,  
left upper lobe.Non-tubercular  
lung abscess due toDue to anesthesia for tonsillectomy  
performed about 6 weeks ago for tonsillitis.Other conditions Post-operative necrotic  
(include pregnancy within 3 months of death)empyema, left.Major findings:  
Of operations lung abscess,  
left upper lobe,

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_23. Signature [Signature] (M. D. or other)  
Address BARNES HOSPITAL Date signed 11-30-39

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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

Signed *J. G. Sullivan*.....  
Licensed Embalmer No. 1122.....  
P. O. Address.....

**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.**