

JAN 12 1939  
Registration District No. 1003

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

1. PLACE OF DEATH:  
(a) County 2 -  
(b) City or town Saint Louis  
(c) Name of hospital or institution: 3446 Pine Street.  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community Unavailable

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town Saint Louis  
(d) Street No. 3446 Pine Street.  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME William Stacy  
8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. None

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mattie Stacy 6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased Unavailable 1871

8. AGE: Year About 68 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Washington Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Plasterer

11. Industry or business Self

12. Name Unavailable - Stacy  
18. Birthplace Unavailable  
14. Maiden name Janey-Unavailable  
15. Birthplace Unavailable

16. (a) Informant's own signature Mattie Stacy  
(b) Address 3446 Pine Street

17. (a) Burial (b) Date thereof 12-10-39  
(c) Place: burial or cremation New Haven, Missouri

18. (a) Signature of funeral director Charles G. Gatto  
(b) Address 4107 Finney Avenue

19. (a) Jan 10 1939 (b) J. P. Bredus  
(Date of registration) (Signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month December day 7, year 1939 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from Sept. 15th, 1939, to December 7th, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach  
Duration Abt. 6 Mo

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: HC  
Of operations \_\_\_\_\_  
Of autopsy None

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

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(a) Means of injury \_\_\_\_\_

23. Signature W. J. ... (M. D. or other) \_\_\_\_\_  
Address 2316a Market Street Date signed 12/8/1939

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.

**STATEMENT BY LICENSED EMBALMER**

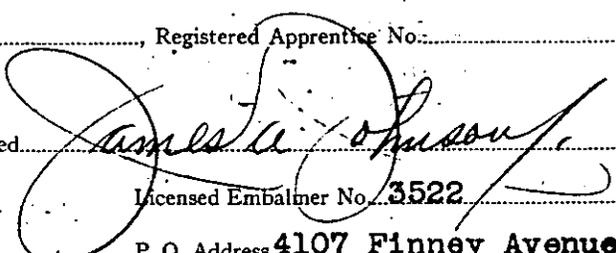
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

**James A. Johnson**

Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. **3522**

P. O. Address **4107 Finney Avenue**

**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.**