DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23495

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 5940

1. PLACE OF DEATH:
(a) County: St. Louis.
(b) City or town: St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township) 1
(c) Name of hospital or institution: City Infirmary. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution March 29, 1945. In this community 13yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: St. Louis.
(c) City or town: St. Louis, (If outside city or town limits, write "RURAL") 13
(d) Street No.: 5800 Arsenal St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? American years.

3. (a) PRINT FULL NAME: Fred Stanton. 353
3. (b) If veteran, name war: Unknown
3. (c) Social Security No.: Unknown
4. Sex: Male
5. Color or race: Colored
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife: Unknown
6. (c) Age of husband or wife if alive: Unk years
7. Birth date of deceased: January (Month) 29, (Day) 1863 (Year)
8. AGE: Years 77 | Months 5 | Days 12 | If less than one day ____ hr. ____ min.
9. Birthplace: Mississippi. (City, town, or county) American (State or foreign country)
10. Usual occupation: Laborer.
11. Industry or business: Unknown
FATHER 12. Name: " 9
FATHER 13. Birthplace: " (City, town, or county) 9 (State or foreign country)
MOTHER 14. Maiden name: [illegible]
MOTHER 15. Birthplace: [illegible] (City, town, or county) [illegible] (State or foreign country)
16. (a) Informant's own signature: E. Molony.
(b) Address: 5800 Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-16-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary
18. (a) Signature of funeral director: J H Harrison
(b) Address: 2906 Layton
19. (a) JUL 15 1940 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11, year 1940 hour 5:15 minute a. M.
21. I hereby certify that I attended the deceased from March 29, 1934 to July 11, 1940 that I last saw him alive on July 11, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Degenerative heart disease with cardiac hypertrophy. | Duration
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): Nephrosclerosis, chronic pyelonephritis, and chole lithiasis
Major findings:
Of operations:
Of autopsy: as above.

PHYSICIAN — Underline the cause to which death should be charged statistically

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: P W Maxwell (M. D. or other)
Address: 5600 Arsenal St. Date signed 7/11/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 8-17-39 1 X19511

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. H. Harrison

Licensed Embalmer No. 760

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.