DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5260

FILED MAR 25 1941

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 1508

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 days (Specify whether years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St Louis 1725
(If outside city or town limits, write "RURAL")

(d) Street No. 922 N 13th 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Chauncie Gipp Stanley

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Col

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years abt 59 | Months | Days | If less than one day hr. min.

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

10. Usual occupation Unk

11. Industry or business

MOTHER FATHER

12. Name Unk

13. Birthplace Unk (City, town, or county) (State or foreign country)

14. Maiden name Unk

15. Birthplace Unk (City, town, or county) (State or foreign country)

16. (a) Informant A. Walton

(b) Address 2707 Stoddard

17. (a) Potterfield (Burial, cremation, or removal) (b) Date thereof FEB 15 1941 (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director A. F. Walton

(b) Address 2707 Stoddard St

19. (a) FEB 15 1941 (Date received local registrar) (b) J. W. Budrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7 year 1941 hour 4:05 minute A M.

21. I hereby certify that I attended the deceased from January 19, 1941, to February 7, 1941; that I last saw him alive on February 7, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Abscess	1 month
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Carcinoma of Esophagus	Undet

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 0

23. Signature W. C. Howard (M. D. or other)

Address 2601 N. Whittier Date signed 2-7-41

(Licensed Embalmer's Statement on Reverse Side)

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 William C. McDowell, Registered Apprentice No. ..... working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 214

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.