

2-40
-39
X2315

Registration District No. 784

Primary Registration District No. 106

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

1. PLACE OF DEATH:

(a) County Saint Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mrs Scutters Nursing Home 4
(If not in hospital, write "at home" and address)
1024 So. Kirkwood Road.
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis, 96
(c) City or town Kirkwood, 4
(If outside city or town limits, write "RURAL")
(d) Street No. #440 So. Kirkwood Rd., 3
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ALICE M. STANZA

3. (b) If veteran, name war none. 3. (c) Social Security No. none.

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

6. (b) Name of husband or wife Dr Nathaniel B. Stanza. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 5, 1859.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81. 5. 22. _____ hr. _____ min.

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

10. Usual occupation At Home.

11. Industry or business Widow

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant Mr Earl Stanza.

(b) Address 7201 Greenway, U. City, Mo.

17. (a) entombment. (b) Date thereof March 3/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum.

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar Blvd.

19. (a) 1 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27
year 1940 hour 10 minute 30 p.m.

21. I hereby certify that I attended the deceased from Feb 21, 1940, to Feb 27, 1941;
that I last saw her alive on Feb 27, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Intestinal Obstruction Duration 6 days

Due to Strangulated Inguinal Hernia 6-days

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations none performed

Of autopsy none performed

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other) 0
Address 634 N. Grand St. S. Mo. Date signed 2-28-41

Dr. John W. ...
98-4824
Davis Rd - CA 1570
(1122) Mrs. BR. 1030 PM
4 PM

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

Bradford A. Miller

Licensed Embalmer No.

2901

P. O. Address

St. Louis, Mo.

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, fact should be so stated above.