

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 8674

8674

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2084

2084

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: St. Luke's Hospital ( )  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 days  
(Specify whether \_\_\_\_\_)  
 In this community life  
years, months or days

8. (a) PRINT FULL NAME SARAH C. STANDING

8. (b) If veteran, name war no 8. (c) Social Security No. no

4. Sex female / 5. Color or race white  
 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife Dr. Wm. L. Standing 6. (c) Age of husband or wife if alive — years  
 7. Birth date of deceased 1866 4 6  
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 29 If less than one day  
hr. min.

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

10. Usual occupation housewife

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

MOTHER FATHER { 12. Name Wm. Cook  
 13. Birthplace England Y  
(City, town, or county) (State or foreign country)  
 14. Maiden name Cook  
 15. Birthplace England  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature (Mrs.) Elizabeth Skau  
 (b) Address 5219 Enright

17. (a) burial (b) Date thereof 3/6/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Alexander Low  
 (b) Address 6175 Delmar Blvd.

19. APR 5 1941 (b) J. T. Bredek  
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
 (c) City or town St. Louis 1211  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 5219 Enright  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? — years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 5  
 year 1941 hour 12:30 minute A M.

21. I hereby certify that I attended the deceased from Nov.  
1939, to Mar 5, 1941;  
 that I last saw her alive on Mar 4, 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure Duration 2yr

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 50  
(Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings:  
 Of operations Carcinoma of breast 2yr  
 Of autopsy none done  
 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 Sam Brown (M. D. or other) Dr  
 Address St. Louis, Mo Date signed 3/5/41

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.

1 - 4 N.M.  
3728 Washington

**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 Joe E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

**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.