

No. 2  
11-10-39  
5-17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAY 9 1941 MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **15892**  
Registrar's No. **894**

Registration District No. **784** Primary Registration District No. **117**

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Webster Groves  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Nil  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County St. Louis  
(c) City or town Webster Groves  
(If outside city or town limits, write "RURAL")  
(d) Street No. 151 Slocum (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Virginia Lorraine Stanley  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. Nil

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 25 year 1941 hour 8-30 minute A M.  
21. I hereby certify that I attended the deceased from 1928, 19\_\_\_\_, to April 25, 1941, that I last saw her alive on April 24, 1941, and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 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 April 29 1916  
(Month) (Day) (Year)

Immediate cause of death  
Pulmonary Embolism  
Bronchitis  
Asthma  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>24</u>	<u>24</u>	<u>11</u>	<u>26</u>
				hr. _____ min.

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

10. Usual occupation At home

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

12. Name Charles R. Stanley  
13. Birthplace Gray Summit Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Eather Franklin  
15. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles R. Stanley  
(b) Address 151 Slocum Ave.

17. (a) Burial Oak Hill Cemetery (b) Date thereof Apr. 28 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Mitchell Council House  
(b) Address Webster Groves Mo.

19. (a) APR 28 1941 (Date received local registrar) [Signature] (Registrar's signature)

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? \_\_\_\_\_

23. Signature Drene M. Blanchard (Specify type of place) \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
Address Webster Groves Date signed April 25 1941

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

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

76  
7  
4

**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 Guy W. Wilkinon  
Licensed Embalmer No. 3575

P. O. Address.....

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

**If this body is not embalmed, above space should be left blank.**