No. 2
-1-4-41
-17-39
X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23863

FILED AUG 28 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6205

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

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

(c) Name of hospital or institution City Sanitarium 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9yrs.6mos.25days. (Specify whether

In this community 63yrs.10 mos.14days. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17 ~~18~~ 9

(d) Street No. 3729 Chouteau Ave. (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Frances Stamps

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife single

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

7. Birth date of deceased 9-15-1877 (Month) (Day) (Year)

8. AGE: Years 63 Months 10 Days 14 If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business Nil

FATHER
12. Name Paul Stamps
13. Birthplace Unknown (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Anna Hart
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Loyola Deggendorf

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-31-41 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway

19. (a) JUL 29 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1941 hour 3:55 minute A. M.

21. I hereby certify that I attended the deceased from , 19 , to 7-29-41 , 19 ; that I last saw her alive on 7-29-41 , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr. Myocarditis	years
Due to Hypertension	years
Arteriosclerosis	years
Due to	
Other conditions Senile Psychosis (Include pregnancy within 5 months of death)	years

Major findings:
Of operations 9 8 C
Of autopsy 1 No 9 8

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 Walter Ford (M. D. or other)

Address St Louis city San. Date signed 7-29-41

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Edwin K. MacDermott

Licensed Embalmer No. 3024

P. O. Address.....

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

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