

S. No. 2
 24-243
 5-17-39
 X35897

35082

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 29 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9999**

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3820 Forest Park Blvd.,
(If not in hospital or institution, write street number or location)
 (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 _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3820 Forest Park Blvd.,
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Thomas S. Stiff
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month November day 14th
 year 1943 hour 9:55 minute _____ P. _____ M. _____

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Lillian 6. (c) Age of husband or wife if alive 48 years
 7. Birth date of deceased February 10th 1893
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 1, 1943 to Nov 14, 1943
 that I last saw him alive on Nov 14, 1943
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____
 Duration _____

8. AGE: Years Months Days If less than one day
50 9 4 hr. _____ min. _____

Due to Metastasis of Carcinoma of Rectum
 Due to Metastasis of Carcinoma of Rectum
 Other conditions Metastasis of Carcinoma of Rectum
(Include pregnancy within 3 months of death)
 Major findings: Carcinoma
 Of operations _____
 Of autopsy _____

9. Birthplace Greece 6
(City, town, or county) (State or foreign country)
 10. Usual occupation Restaurant Owner
 11. Industry or business _____
 12. Name Stiff
 13. Birthplace Greece 6
(City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace Greece 6
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Lillian Stiff-wife
 (b) Address 3820 Forest Park Blvd.,
 17. (a) burial (b) Date thereof 11-17-43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Matthew's Cemetery
 18. (a) Signature of funeral director Sullivan Brothers,
 (b) Address 2849 North Euclid Avenue
 19. (a) NOV 15 1943 (b) J. F. Bredeck
(Date received local registrar) (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?
 While at work _____ (Specify type of place) (e) Years of injury _____
 23. Signature Clayton J. ...
 Address 539 N. Grand Date signed 11-15

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

INSTRUCTIONS TO THE
EMBALMER

Dr. J. Jacobs, Humboldt Bd.
Grand & 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 *Albert S. Mayfield,*

Licensed Embalmer No. # 3077

P. O. Address St. Louis, Missouri

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.