

FILED APR 13 1944
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3094

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 3871 Windsor Pl.
(d) Length of stay: In hospital or institution 41 Yrs
In this community 41 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 19
(c) City or town St. Louis 7 11
(d) Street No. 3871 Windsor
(e) Citizen of foreign country? (Yes or No) 0

3. (a) PRINT FULL NAME Solomon R. Stanley
(b) If veteran, name war None (c) Social Security No. None

4. Sex Male 5. Color or Race Col 6. (a) Single, widowed, married, divorced Married
7. Birth date of deceased March 1, 1876 (Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 27 If less than one day hr. min.

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

10. Usual occupation Minister

11. Industry or business
12. Name John Stanley
13. Birthplace Unknown
14. Maiden name Corina Brown
15. Birthplace Unknown

16. (a) Informant Fannie S. Stanley
(b) Address 3871 Windsor

17. (a) Burial (b) Date thereof 4/3/44
(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director R. M. C. Green
(b) Address 3517 Laclede Avenue

19. (a) APR 3 1944 (b) J. F. Breich (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 28, year 1944 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 3-8-1944 to 3-28-1944
that I last saw him alive on 3-28-1944 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema
Due to Acute Myocarditis
Due to Influenza
Other conditions (Include pregnancy within months of death) 2 2

Major findings: Of operations
Of autopsy
PHYSICIAN

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?
(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 John E. ... (M. D. or other)
Address 1433 East ... Date signed

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

MOTHER FATHER

8101

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 *M. Green*

Licensed Embalmer No. 1173

P. O. Address. 3517 Soledad Ave

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.