

FILED MAY 25 1944

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4551**

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

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Luther Stanfill

3. (b) If veteran, name war no 3. (c) Social Security No. 429-12-6262

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Elizabeth Stanfill 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased August 4 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>60</u>	<u>9</u>	<u>12</u>		hr. min.

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

10. Usual occupation Mill worker

11. Industry or business Pauk & Son Mfg. Co

12. Name James Stanfill

13. Birthplace Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Betty Kincannon

15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Stanfill

(b) Address 4250 a Maffitt ave

17. (a) Burial (b) Date thereof May-18-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BETHAN-UP Cemetery

18. (a) Signature of funeral director A. Know R. U. Co.

(b) Address 2707 N. Grand Bldg 1d

19. (a) MAY 17 1944 (b) J. F. Bruders
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4250 a Maffitt ave
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
 year 1944 hour 3 minute 8 M.

21. I hereby certify that I attended the deceased from May 21
 _____, 1942 to May 16, 1944
 that I last saw him alive on May 15, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Dilatation

Due to Chronic myocarditis

Other conditions 92
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) Means of injury _____

23. Signature G. H. Riller (M. D. or other)
 Address 3121 N. Grand Date signed 5/17/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *W E Morris*

..... Licensed Embalmer No. *3360*

..... P. O. Address.....

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.