V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 1 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32871

Registrar's No. 8954

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5370 ASHLAND Ave. 1
(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 Mo. (b) County 6
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5370 Ashland Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME EUGENE STIDGER

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Alice Stidger
6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased Jan. 2, 1903 ~~1901~~ (Month) (Day) (Year)

8. AGE: Years 41 ~~43~~ Months 9 Days 18 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) MO. 0 (State or foreign country)
10. Usual occupation Police Officer
11. Industry or business

FATHER
12. Name James A. Stidger
13. Birthplace (City, town, or county) Kentucky 1 (State or foreign country)

MOTHER
14. Maiden name Annie
15. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs. Alice Stidger
(b) Address 5370 Ashland Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-23-44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) OCT 22 1944 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20 year 1944 hour 10 minute 55 A. M.

21. I hereby certify that I attended the deceased from Dec 29 1944 to Oct 20 1944 and that I last saw him alive on Oct 20 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Occlusion Pulmonary Artery (Thrombosis)	2 Hr
Due to: Congenital Dilitation Pulmonary Artery	2 Yr
Due to: Atherosclerosis Pulm Artery	
Other conditions (Include pregnancy within 3 months of death): Myocardial Failure	1 Mo

PHYSICIAN

Major findings:
Of operation —
Of autopsy Thrombosis Pulm artery atherosclerosis

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 [illegible] (M. D. or other)
Address Union Club Bldg. Date signed 10/24/44

(Licensed Embalmer's Statement on Reverse Side)

Dr Buddy

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 H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.