S. No. 2
1—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1945

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 4096

Registrar's No. 1303

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

(d) Length of stay: In hospital or institution 7 mos 26 das. (Specify whether
In this community 47 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis 95
(If outside city or town limits, write "RURAL")

(d) Street No. 5726 Vernon
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME STEPHEN BATES COMPTON

3. (b) If veteran, name war -

3. (c) Social Security No. 499-01-6097

4. Sex Male 0

5. Color or race white

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

6. (b) Name of husband or wife Jessie C. Compton

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased January (Month) 15 (Day) 1875 (Year)

8. AGE: Years 70 Months 0 Days 23 If less than one day ___ hr. ___ min.

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

10. Usual occupation Cashier

11. Industry or business Municipal Golf Links

FATHER
12. Name George Compton
13. Birthplace Potosi (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Sarah Cole
15. Birthplace not known (City, town, or county) Ky. (State or foreign country)

16. (a) Informant Thelma A. Singler
(b) Address 5400 Arsenal St

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Feb 10, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Shepard Funeral Home
(b) Address 1167 Hamilton Avenue

19. (a) FEB 9 1945 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Febr day 8 year 1945 hour 6:20 minute A. M.

21. I hereby certify that I attended the deceased from June 12, 1944, 19__, to Febr., 8, 1945; that I last saw him alive on Febr., 8, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardio-renalsclerosis	10 yrsx
Chronic Myocarditis	5 yrsx
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

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 0

23. Signature Palmer Romaine Bowlish (M. D. or other)
Address 5400 Arsenal St Date signed 2/8/45

(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: John J. Gonoski

Licensed Embalmer No. 2398

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.