

S. No. 2
DM-5-43
v. 5-17-39
I X36671

State File No. **11691**
Registrar's No. **2619**

FILED MAR 27 1946
Registration District No. **318**

STANDARD CERTIFICATE OF DEATH
1003
Primary Registration District No. _____

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

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:
St. John Hospital
(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 ST. LOUIS

(c) City or town CLAYTON
(If outside city or town limits, write "RURAL")

(d) Street No. #9 Willow Hill Rd.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Rosamond Stanley

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 18
year 46 hour 5 minute a. M.

21. I hereby certify that I attended the deceased from
Oct 1942 to 3-18 1946
that I last saw her alive on 3-18 1946
and that death occurred on the date and hour stated above.

4. Sex FEMALE

5. Color or race White

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

6. (b) Name of husband or wife Edward Stanley

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

7. Birth date of deceased: October 22nd 1869
(Month) (Day) (Year)

Immediate cause of death: Cerebral Hemorrhage
Re. Cerebello-striate Nat.

Due to: hypertension + arterio
sclerosis?

Due to: _____

Other conditions: none
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

76	4	26	hr. _____ min. _____
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Major findings: none

Of operations: _____

Of autopsy: none

PHYSICIAN: _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation: At Home

11. Industry or business: _____

12. Name: J. Stephenson

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

14. Maiden name: UNKNOWN

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

16. (a) Informant: Mrs. Alice Lydon

(b) Address: #9 Willow Hill Rd.

17. (a) BURIAL
(Burial, cremation, or removal)

(b) Date thereof: 3/20/46
(Month) (Day) (Year)

(c) Place: burial or cremation: VALHALLA CEMETERY

18. (a) Signature of funeral director: Lawrence Mullin

(b) Address: 5165 Delmar Blvd.

19. (a) MAR 19 1946
(Date received by registrar)

J. F. Bredeck
(Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none

(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: John J. Hammond
(M. D. or other)

Address: 634 N. Grand Date signed: 3/18/46

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.....

J. G. Harris

Licensed Embalmer No.....

3384

P. O. Address.....

St Louis

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.