DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 31 1946

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41914

Primary Registration District No. 3069

Registrar's No. 3588

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's 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 Missouri (b) County 0

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

(d) Street No. 1022 Rutger St.
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Tina Stagner

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

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

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

7. Birth date of deceased November (Month) 23 (Day) 1946 (Year)

8. AGE: Years | Months 1 | Days 4 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Infant

11. Industry or business .....

FATHER
12. Name Wilford Stagner
13. Birthplace Salem (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Marjorie Wampler
15. Birthplace River Mines (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Wilford Stagner
(b) Address 1022 Rutger St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-46 (Month) (Day) (Year)
(c) Place: burial or cremation Salem, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) 12-30-46 (Date received local registrar) (b) Ruth J. Allen MD (Registrar's signature) MSW

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27 year 1946 hour 6 minute 35 P M.

21. I hereby certify that I attended the deceased from Dec 6th, 1946, to Dec 27, 1946 that I last saw her alive on Dec 27, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Icterus neonatorum gravis

Due to undetermined

Due to 161-C

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

Major findings:
Of operations .....

Of autopsy Jaundice

Duration

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 .....

23. Signature Henry H. Corn (M. D. or other) M.D.

Address St. Mary's Hosp. St. Louis Date signed Dec 28, 1946

(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 Elmer R. Cadwell

Licensed Embalmer No. 4077

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.