

S. No. 2
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5-17-39
I X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3171

State File No. _____
Registrar's No. 94

FILED JAN 17 1947
Registration District No. 318

Primary Registration District No. 1003

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:
4559 Audubon Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 6 Weeks
years, months or days

3. (a) PRINT FULL NAME Calvin Stout

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Mary L. Stout 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 13 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>2</u>	<u>19</u>	hr. _____ min. _____

9. Birthplace Dont Know - Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Dont Know Stout

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

14. Maiden name Dont Know

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

16. (a) Informant Mrs. Pearl Mescal
 (b) Address 4559 Audubon Ave.

17. (a) Removal (b) Date thereof 1-6-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bismarck N. Dakota

18. (a) Signature of funeral director Arthur J. Donnelly
 (b) Address 3840 Lindell Blvd.

19. (a) JAN 6 1947 (b) J. F. Breeseck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town ST. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4559 Audubon Ave.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2nd
 year 1947 hour 9 minute 00 M.

21. I hereby certify that I attended the deceased from 2 19____ to _____ 19____;
 that I last saw h. _____ alive on _____ 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation due to
hanging suffered when decedent
was found hanging in the front
hallway with a piece of lamp
cord around his neck and the
other end tied to the banister
at his home 4559 Audubon
Ave. on Jan 2 1947 at about
9:00 a.m.

Other conditions (Include symptoms within 3 months of death)

Major findings: Decedent while suffering
from temporary mental aberration
 Of autopsy _____

PHYSICIAN Under the laws of Missouri 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 Jan 2 1947
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, or industrial place, in public place?
Home
(Specify type of place) (e) Means of injury _____

23. Signature Arthur J. Donnelly (M. D. or other) _____
 Address 3840 Lindell Blvd. Date signed 1/6/47

Vertical handwritten text on the right margin, possibly a date or reference number.

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Rindell

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.