

S. No. 2  
1-1-47  
5-1-39

U.S. DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **43515**  
Registrar's No. **11854**

National Office of Vital Statistics  
**FILED JAN 9 1948**  
Registration District No. **318**

Primary Registration District No. **1003**

WRITE PLAINLY—USING 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: 2936 Thomas 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 St. Louis  
 (c) City or town St. Louis 17  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2936 Thomas St 9  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

**3. (a) PRINT FULL NAME** Freeman Stanley  
**3. (b) If veteran,** name war..... **3. (c) Social Security No.**.....

**4. Sex** Male **5. Color or race** Negro  
**6. (a) Single, widowed, married, divorced, widowed**  
**6. (b) Name of husband or wife**..... **6. (c) Age of husband or wife if alive**..... years  
**7. Birth date of deceased** Dec 10 1891  
 (Month) (Day) (Year)

**8. AGE:** Years 56 Months 0 Days 15 If less than one day  
 hr..... min.

**9. Birthplace** Marshall Mo  
 (City, town, or county) (State or foreign country)

**10. Usual occupation** Suburban

**11. Industry or business**.....

**12. Name** John Stanley

**13. Birthplace** Mo  
 (City, town, or county) (State or foreign country)

**14. Maiden name** SARA

**15. Birthplace** Mo  
 (City, town, or county) (State or foreign country)

**16. (a) Informant** Estella Williams

**(b) Address** So. Kinloch, Mo

**17. (a) Burial, cremation, or removal** Burial **(b) Date thereof**.....  
 (Month) (Day) (Year)

**(c) Place: burial or cremation** National Cemetery

**18. (a) Signature of funeral director** English Und. Co

**(b) Address** 2931 Lucas Ave

**19. (a) DEC 28 1947** **(b) J. F. Bredeck**  
 (Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Dec day 25th  
 year 1947 hour 6:05 minute A M.

**21. I hereby certify that I attended the deceased from**....., 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.....  
Coronary Occlusion  
Coronary Sclerosis

Due to.....  
 Due to.....

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

Major findings:  
 Of operations.....

Of autopsy.....

**PHYSICIAN**  
 Underline the cause of 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** 3

**23. Signature** Alfred J. Perry **(M.D. or other)**  
Deputy Registrar Date signed 12-27-47

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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 Burlean English  
Licensed Embalmer No. 4208  
P. O. Address 2931 Lucas Ave

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.

Registration District No. 318

Primary Registration District No. 1003

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:  
(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)

3. (a) PRINT FULL NAME Freeman Stanley

3. (b) If veteran, name war..... 3. (c) Social Security No. 123456789

4. Sex m 5. Color or race B 6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased: Dec 10 1910  
(Month) (Day) (Year)

8. AGE: Years 56 Months 11 Days 10 If less than one day, hr. no min. no

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

10. Usual occupation Teacher

11. Industry or business.....

MOTHER FATHER { 12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

17. (a) (Burial, cremation, or removal)..... (b) Date thereof..... (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) (Date received local registrar)..... (b) J. F. Brudick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 12 year 1948 hour 12 minute 00 M.

21. I hereby certify that I attended the deceased from..... to....., 19.....; that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above. Immediate cause of death.....

Duration

Due to.....

Due to.....

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

PHYSICIAN

Major findings: Of operations.....

Of autopsy.....

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?.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature..... (M. D. or other)

Address..... Date signed.....

SUPPLEMENTARY

JAN 14 1948

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

43515

FEB 20 1948

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8/1/48