

S. No. 300
OM-10-47
Rev. 5-17-39
I 3906

FEDERAL SECURITY AGENCY #81654

National Office of Vital Statistics

FILED MAR 11 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7073

2044

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis Missouri
(b) City or town St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 days
(Specify whether
In this community 1 month
years, months or days)

3. (a) PRINT FULL NAME JACK STANLEY

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, single

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

7. Birth date of deceased April 15th ?
(Month) (Day) (Year)

8. AGE: Years 85? Months _____ Days _____ If less than one day
hr. _____ min. _____

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

10. Usual occupation unknown

11. Industry or business _____

12. Name Arthur Stanley

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

14. Maiden name Alice Unknown

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

16. (a) Informant M. Renard

(b) Address St. Louis City Hospital

17. (a) Anatomical Board (b) Date thereof FEB 29 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anatomical Board

18. (a) Signature of funeral director Rowland Mortuary Service

(b) Address 4104 Manchester Ave.

19. (a) FEB 29 1948 J. F. Brewer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County name
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. Starkloff Pacific Hotel-9th & Market Sts., Memorial 25 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13th
year 1948 hour 10 minute 52 A. M.

21. I hereby certify that I attended the deceased from 1/21/48
_____ 19____ to Feb. 13th 1948
that I last saw him im alive on Feb. 13th 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation
Duration _____

Due to Antisepsitic Heart Disease
Carcinoma Bladder - Urinary

Due to _____

Other conditions (Includes pregnancy within 3 months of death) _____

Major findings: Of operations 52
Of autopsy _____
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? 11

(Specify type of place) _____ (e) Means of injury _____

23. Signature J. Korzele 2/13/48
Address 1513 Lafayette Date signed _____

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

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.