

FEDERAL BUREAU OF INVESTIGATION
U. S. NATIONAL OFFICE OF VITAL STATISTICS
MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38670**
Registrar's No. **9850**

FILED NOV 24 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:
3343a Wisconsin
(If not in hospital or institution, write street number/location)
(d) Length of stay: In hospital or institution.....
In this community..... **3 mos., 15 days**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State..... **Missouri** (b) County.....
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **24** **3343a Wisconsin**
(If rural, give location)
(e) Citizen of foreign country?..... **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **William L. Stambaugh, Jr.**
3. (b) If veteran, name war.....
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **November** day **12**
year..... **1948** hour..... **8:25** minute **00** A.M.

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

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.....

7. Birth date of deceased..... **July 27th 1948**
(Month) (Day) (Year)

Bilateral Atelectasis;
Due to.....
Due to..... **161**
Other conditions..... (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
0 3 15 hr. min.
9. Birthplace..... **St. Louis Missouri**
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause of which death should be charged statistically.
Major findings:
Of operations.....
Of autopsy.....

10. Usual occupation..... **Infant**
11. Industry or business.....
12. Name..... **William L. Stambaugh, Sr.**
13. Birthplace..... **St. Louis Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Elsie Nell**
15. Birthplace..... **St. Louis Missouri**
(City, town, or county) (State or foreign country)
16. (a) Informant..... **William L. Stambaugh**
(b) Address..... **3343a Wisconsin Ave.**
17. (a) **Burial** (b) Date thereof..... **11/13/48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... **Memorial Park Cemetery BEIDERWIEDEN P.H., INC.**
18. (a) Signature of funeral director.....
(b) Address..... **1936 St. Louis Avenue**
19. (a) **NOV 13 1948** (b) **J. Blaser**
(Date received local registrar) (Registrar's signature)

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. Signatures.....
Address..... Date signed..... **11/23/48**

No Embalming

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.....

Max L. Waigel

Licensed Embalmer No.....

4170

P. O. Address.....

1936 St Louis 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.