

FILED FEB 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6718  
State File No. 1343  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital!		d. STREET ADDRESS (If rural, give location) 7948 FREDRICK (BADEN)	

3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) CURD c. (Last) STANLEY			4. DATE OF DEATH (Month) (Day) (Year) FEB. 11 1949			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 9-19-1910	9. AGE (In years last birthday) about 38	IF UNDER 1 YEAR Days 4	IF UNDER 4 HRS. Hours 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car-man		10b. KIND OF BUSINESS/ OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Puxico, Missouri		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Soloman Stanley		13b. MOTHER'S MAIDEN NAME Sellie Curd		14. NAME OF HUSBAND OR WIFE Lona	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Max Stanley 4263a Norfolk Avenue	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema		INTERVAL BETWEEN ONSET AND DEATH 15 minutes
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chorionepithelioma		
	DUE TO (c) Adenocarcinoma of testis-left		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 1946	19b. MAJOR FINDINGS OF OPERATION Left testicular tumor at another hospital - said to be non-malignant		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from FEB. 3, 1949, to FEB. 11, 1949, that I last saw the deceased alive on Feb. 11, 1949, and that death occurred at 4:15 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James F. Meikel, M.D.		23b. ADDRESS Barnes Hospital		23c. DATE SIGNED 2/11/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-12-49	24c. NAME OF CEMETERY OR CREMATORY Mount Hope	24d. LOCATION (City, town, or county) (State) St. Louis County Missouri	

DATE REC'D BY LOCAL REG. FEB 11 1949	REGISTRAR'S SIGNATURE J. B. Foster	25. GENERAL DIRECTOR'S SIGNATURE	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*C W Cooper*

Licensed Embalmer No. *3830*

P. O. Address.....

*2301 Lafayette*

**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.