S. No. 300
V. 10.48

FILED APR 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10689 3194

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cecil V. Stanley Pine Lawn
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) De Paul Hospital 0

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY St. Louis 70
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pine Lawn 0
d. STREET ADDRESS (If rural, give location) 6336 Woodland Ave 1

3. NAME OF DECEASED (Type or Print)
a. (First) Cecil
b. (Middle) V.
c. (Last) Stanley

4. DATE OF DEATH (Month) (Day) (Year) April 7 1949

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 31 1897
9. AGE (In years last birthday) 51 — If under 1 year: Months 8 Days 7 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Central Office Repair
10b. KIND OF BUSINESS OR INDUSTRY S.W. Telephone Co
11. BIRTHPLACE (State or foreign country) Chelsea Oklahoma 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Zack Stanley
13b. MOTHER'S MAIDEN NAME Mary
14. NAME OF HUSBAND OR WIFE Ruby D. Stanley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War #1
16. SOCIAL SECURITY NO. 492-07-7324
17. INFORMANT'S SIGNATURE OR NAME Ruby D. Stanley **ADDRESS** 6336 Woodland Ave

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 3-26-49

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-25 *, 19*49*, to* 4-7 *, 19*49*, that I last saw the deceased alive on* 3-6 *, 19*49*, and that death occurred at* 7A *m., from the causes and on the date stated above.*

23a. SIGNATURE Chas Jost M.D. (Degree or title) **23b. ADDRESS** 3500 N. Grand **23c. DATE SIGNED** 4-8-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE April 11 1949
24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis CO MO

DATE REC'D BY LOCAL REG. APR 9 1949
REGISTRAR'S SIGNATURE J B Lasater
25. FUNERAL DIRECTOR'S SIGNATURE Calvin F FEutz **ADDRESS** 4828 Nat Bridge Blvd

(Licensed Embalmer's Statement on Reverse Side)

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

mt

Ne 1510
FRI- 2-8 PM
SAT 1-3 PM.

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.

Signed John A. Mlinar

Signed _____
Student Embalmer

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo

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.