

FILED MAY 11 1949

STANDARD CERTIFICATE OF DEATH

14193
State File No. 3907
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) St. Louis, Mo. 1		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Hospital		d. STREET ADDRESS (If rural, give location) 1343 Cockrel	
3. NAME OF DECEASED (Type or Print) Mamie		c. (Last) Stansbury	
5. SEX F	6. COLOR OR RACE W.	7. MARRIED, NEVER, MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH 4-20-1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Rantowen, Ills.	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME Andrew Church	13b. MOTHER'S MAIDEN NAME Chastine	14. NAME OF HUSBAND OR WIFE Wm. Oscar Stansbury
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Wm. Oscar Stansbury
		ADDRESS 1343 Cockrel

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Neurorrhoid</i>		<i>2 days</i>
ANTECEDENT CAUSES	DUE TO (b) <i>Strangulated hernia operation</i>		<i>5 days</i>
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	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 <i>Apr 23 1949</i>	19b. MAJOR FINDINGS OF OPERATION <i>Strangulated right femoral hernia</i>		20. AUTOPSY? YES <input 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) <i>1212</i>	(STATE) <i>a</i>
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 <i>5811</i>	

22. I hereby certify that I attended the deceased from *4/22*, 19*49*, to *4-28*, 19*49*, that I last saw the deceased alive on *4-28*, 19*49*, and that death occurred at *m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Charles B. Kane</i>	(Degree or title) <i>m. h.</i>	23b. ADDRESS <i>706 Walton</i>	23c. DATE SIGNED <i>4-30-49</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24b. DATE <i>5-2-1949</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Laurel Hill Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis County, Mo.</i>

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>MAY 2 1949 J. B. Foster</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Alexander Hunt</i>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

116

4068

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 Joe E. McCullish

Licensed Embalmer No. 2960

P. O. Address 61757, Illinois

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.