

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21723**
Registrar's No. **5235**

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 MO	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS 2		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS 17	
d. FULL NAME OF HOSPITAL OR INSTITUTION STATE SANITARIUM		d. STREET ADDRESS (If rural, give location) 13 5300 ARSENAL 8	

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) _____ c. (Last) STANTON	4. DATE OF DEATH (Month) June (Day) 13 (Year) 1949
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH JULY 21-1873	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) JONESBORO MO		12. CITIZEN OF WHAT COUNTRY? MO

13a. FATHER'S NAME STEVE STANTON	13b. MOTHER'S MAIDEN NAME MAGGIE MURPHY	14. NAME OF HUSBAND OR WIFE
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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. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME Margaret Kelly	ADDRESS 2331 3rd St. St. Louis, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility- post Pneumonia, Bronchial		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 101 (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H-91X
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22. I hereby certify that I attended the deceased from **5/17/49** to **6/13**, 19**49**, that I last saw the deceased alive on **6/13**, 19**49**, and that death occurred at **4:18** to **4:55 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE William K. Busch, M.D. (Degree or title)	23b. ADDRESS 5400 Arsenal St	23c. DATE SIGNED 6/14/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-17-49	24c. NAME OF CEMETERY OR CREMATORY CALVARY	24d. LOCATION (City, town, or county) (State) ST LOUIS MO
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DATE REC'D BY LOCAL REG. JUN 17 1949	REGISTRAR'S SIGNATURE J. B. Lassater	25. FUNERAL DIRECTOR'S SIGNATURE William Kelly	ADDRESS 4386 Lindell
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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 Ralph W Henson

Licensed Embalmer No. 3791

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.