

FILED OCT 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32218  
State File No. 8277

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Saint Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Pasadena Hills</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Barnes Hospital, D</b>		d. STREET ADDRESS (If rural, give location) <b>nr- 7401 Woodland Way</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Russell</b>	b. (Middle) <b>Francis</b>	c. (Last) <b>Stis</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 24 1949</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED? (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 21, 1907</b>	9. AGE (In years last birthday) <b>42</b> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 14 HRS: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Leather Salesman.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Allen &amp; Stis Co.</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri D</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Frank J. Stis.</b>	13b. MOTHER'S MAIDEN NAME <b>Cora Cella</b>	14. NAME OF HUSBAND OR WIFE <b>Estelle Dorothy Stis.</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Estelle D. Stis. 7401 Woodland Way;</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Abdominal carcinoma, site unknown</b>		
	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.		<b>1998</b>

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) (STATE) <b>55e</b>
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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? <b>1998</b>
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22. I hereby certify that I attended the deceased from **Aug. 23, 1949**, to **Sept. 24, 1949**, that I last saw the deceased alive on **Sept. 24, 1949**, and that death occurred at **3:05 pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>F.R. Bradlee, M.D.</b>	23b. ADDRESS <b>Barnes Hospital</b>	23c. DATE SIGNED <b>9/24/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept. 27, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
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DATE REC'D BY LOCAL <b>SEP 26 1949</b>	REGISTRAR'S SIGNATURE <b>J. B. Funder</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C.R. Lupton &amp; Sons - 7233 Delmar Blvd</b>
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**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 Clarence H. Murray

Licensed Embalmer No. 4041

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.