

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 11147
Registrar's No. 2365

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Illinois b. COUNTY Macoupin			
b. CITY (If outside corporate limits, write RURAL and give township) St Louis H ospital		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) Brighton		d. STREET ADDRESS (If rural, give location) 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Johns H ospital				d. STREET ADDRESS (If rural, give location) 8			
3. NAME OF DECEASED a. (First) Flora		b. (Middle) _____		c. (Last) Stotler		4. DATE OF DEATH 3-10-1950 (Year)	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Aug 5 1889	
9. AGE (In years last birthday) 60		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) Assistant		10b. KIND OF BUSINESS OR INDUSTRY Hospital		11. BIRTHPLACE (State or foreign country) Macoupin County Ill		12. CITIZEN OF WHAT COUNTRY US	
13a. FATHER'S NAME James L Whitfield		13b. MOTHER'S MAIDEN NAME Clara O Coffee		14. NAME OF HUSBAND OR WIFE Edward			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs Lloyd Well Brighton Ill			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Tumor - unresected 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.				INTERVAL BETWEEN ONSET AND DEATH 3-4 mo	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION No Operation				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) Brighton Ill			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 3/9 1950 , to 3/10 1950 , that I last saw the deceased alive on 3/10 1950 and that death occurred at 3:50 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE Edmund A. Andrew (Degree or title)				23b. ADDRESS Beaumont Bldg St Louis Mo		23c. DATE SIGNED 3-10-1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-10-1950		24c. NAME OF CEMETERY OR CREMATORY Mayfield Memorial		24d. LOCATION (City, town, or county) (State) Brighton Illinois	
DATE REC'D BY LOCAL REG. MAR 11 1950		REGISTRAR'S SIGNATURE J. B. Lester		25. FUNERAL HOME OR SERVICE ADDRESS Rowland's Mortuary Service Inc. 4104 Manchester Ave. St. Louis 10, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed *Ronald O. Yahrke* Student Embalmer No.....

Licensed Embalmer No. *3917*

P. O. Address *St. Louis*

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.