

FILED MAY 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

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State File No. 18679  
Registrar's No. 4296

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LUTHERN HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>16 3508 CRITTENDEN</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>		b. (Middle) <u>ALBERT</u>		c. (Last) <u>STAFFORD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 11, 1950</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JULY 20-1880</u>	
9. AGE (In years last birthday) <u>69</u>		10. MONTHS <u>9</u>		11. DAYS <u>21</u>		12. HOURS <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DISTRICT-MANAGER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FUCH &amp; LANG MFG CO</u>		11. BIRTHPLACE (State or foreign country) <u>POSTEVILLE IOWA</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>GEORGE W STAFFORD</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA PERRY</u>		14. NAME OF HUSBAND OR WIFE <u>EVA P STAFFORD</u>			
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. <u>488-09-0704</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Eva P Stafford</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDITIS</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CHOLECYSTITIS CHR. Rec.</u> DUE TO (c) <u>APPENDICITIS CHR. Rec.</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>PROSTATITIS CHR. - HYPERTROPHIC - BRONCHITIS</u>				INTERVAL BETWEEN ONSET AND DEATH <u>YES</u> <u>3 Yrs</u> <u>YES</u> <u>3 YRS</u>	
19a. DATE OF OPERATION <u>5/10/50</u>		19b. MAJOR FINDINGS OF OPERATION <u>CHOLECYSTITIS CHR. APPENDICITIS CHR. RETRO PERITONEAL COCCAL</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>552X</u>			
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 <u>3-24-</u> , 19 <u>50</u> , to <u>5-11-</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>5-11-</u> , 19 <u>50</u> , and that death occurred at <u>8:15 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>James B. Frank M.D.</u>				23b. ADDRESS <u>2838 So Grand Blvd</u>		23c. DATE SIGNED <u>5/12/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 15-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SUNSET BURIAL PARK</u>		24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u>	
DATE REC'D BY LOCAL REG. <u>MAY 13 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm J Robert Linc &amp; Ynd Co</u>		ADDRESS <u>1905 So Grand</u>	

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

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Dr. Frank

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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 Ronald O Yabuki

Licensed Embalmer No. 3917

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.