

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18682

FILED JUN 3 1950

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State File No. 4557

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>MISSOURI</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>19</u> OR <u>TOWN</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		2199	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>4432 WASHINGTON AVE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MORRIS</u>		b. (Middle) <u>EUGENE</u>		c. (Last) <u>STANLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 21 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>Apr 5, 1915</u>	
9. AGE (In years last birthday) <u>35</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALES MAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ELECTRICAL SUP.</u>		11. BIRTHPLACE (State or foreign country) <u>Campbell Mo</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>CLARENCE STANLEY</u>		13b. MOTHER'S MAIDEN NAME <u>MOLLIE RUDDER</u>		14. NAME OF HUSBAND OR WIFE <u>LUCILLE STANLEY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lucille Stanley 4432 Washington</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subarachnoid hemorrhage of brain suffered about 5:45 pm May 21 1950 when struck by batted ball while playing in yard at Lewis out of St. Outside</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO <u>St. Louis out mo</u> 11. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Accident</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Yard</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo 29218</u>		21f. HOW DID INJURY OCCUR <u>6:15 PM</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 21 5:45 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:50 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Chas. Morris Depertroing</u>				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>5/23/50</u>	
24a. BURIAL CREMATION, REMOVAL (Specify)		24b. DATE <u>MAY 23, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Pk., St. Louis Co. Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>MAY 23 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Sarsater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alton Hills 2707 H. Road</u>			

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

Stanley H. Dixon

Licensed Embalmer No. *4193*

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.