No. 300
10-48

FILED AUG 23 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28696

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6789

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

1. PLACE OF DEATH
a. ~~COUNTY~~ St. Louis Mo.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Homer G Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE [illegible]
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 12 St. Louis 2129
d. STREET ADDRESS (If rural, give location) 4532 Newberry Tr

3. NAME OF DECEASED (Type or Print)
a. (First) Pete
b. (Middle)
c. (Last) Stalling

4. DATE OF DEATH (Month) (Day) (Year) August 6, 1950

5. SEX M 2
6. COLOR OR RACE Col
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 1-6-1905
9. AGE (In years last birthday) 35 | If under 1 year: Months 7 Days — | If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Fish Mkt.
11. BIRTHPLACE (State or foreign country) Union City Tenn
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Arthur Stalling
13b. MOTHER'S MAIDEN NAME Marie [illegible]
14. NAME OF ~~HUSBAND~~ OR WIFE Martha Stalling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 490726686
17. INFORMANT'S SIGNATURE OR NAME Martha an. Stalling ADDRESS 3812 Finney ave

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Head of Pancreas with Metastasis — INTERVAL BETWEEN ONSET AND DEATH: Undet.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Undetermined
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? 157X

22. *I hereby certify that I attended the deceased from* 7-24, 1950, *to* 8-6, 1950, *that I last saw the deceased alive on* 8-6, 1950, *and that death occurred at* 10:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE M. D. Lawrence (Degree or title) M. D.
23b. ADDRESS 2601 N [illegible]ttner St
23c. DATE SIGNED 8-7-50

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify)
24b. DATE 8-10-1950
24c. NAME OF CEMETERY OR CREMATORY Oak Dale
24d. LOCATION (City, town, or county) St Louis (State) Mo.

DATE REC'D BY LOCAL REG. AUG 10 1950
REGISTRAR'S SIGNATURE J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE Mannell ADDRESS 4059 Finney

(Licensed Embalmer's Statement on Reverse Side)

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.

Student Embalmer No.....

Signed W Claude Gordon

Signed.....
Student Embalmer

Licensed Embalmer No. 3489

P. O. Address 4575 Aldi

Note: _The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.