

FILED SEP 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29067

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2051

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>ILLINOIS</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BRKS., MO.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>QUINCY</b>	
c. LENGTH OF STAY (in this place) <b>16 days</b>		d. STREET ADDRESS (If rural, give location) <b>ILLINOIS S. &amp; S. HOME</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VET ADM HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>CHARLES</b> b. (Middle) <b>H.</b> c. (Last) <b>STANNARD</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>AUGUST 26, 1950</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>9/12/88</b>	9. AGE (In years last birthday) <b>61</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>14</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PRINTER</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>EVANSVILLE, INDIANA</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>CHARLES H. STANNARD</b>	13b. MOTHER'S MAIDEN NAME <b>MARGARET MC INERY</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b> (If yes, give war or dates of service) <b>WW-1</b>	16. SOCIAL SECURITY NO. <b>327-01-4261</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS</b> ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>PULMONARY EDEMA</b>		ANTECEDENT CAUSES		522X
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbidity 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.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF 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) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>VA</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **8/11**, 19**50**, to **8/26**, 19**50**, and that death occurred at **8:20 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>C. Hoffmeister</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>VA HOSPITAL, JEFF BRKS., MO.</b>	23c. DATE SIGNED <b>8/27/50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>AUG. 29, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Mo.</b>		

DATE REC'D BY LOCAL REG. <b>8-28-50</b>	REGISTRAR'S SIGNATURE <b>Hubert R. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. Hoffmeister</b> ADDRESS <b>U. &amp; L. Co. 7814 S. Broadway</b>
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WRITE PLAINLY—USING UNFADEING 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.

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Signed *Harold Selman*

Licensed Embalmer No. *2679*

P. O. Address *5879 S. Berwin*

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.