

FILED SEP 16 1950

STANDARD CERTIFICATE OF DEATH

State File No. 32050

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 2163

1. PLACE OF DEATH a. COUNTY <u>St. Louis Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNIVERSITY CITY</u>	
c. LENGTH OF STAY (in this place) <u>1 DAY</u>		d. STREET ADDRESS (If rural, give location) <u>1034 IRMA</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Co. Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u> b. (Middle) _____ c. (Last) <u>STACEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9 8 50</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>5-13-67</u>	9. AGE (In years) (last birthday) <u>83</u>	IF UNDER 1 YEAR Hours Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BRICKLAYER</u>	11. BIRTHPLACE (State or foreign country) <u>PITTSBURGH-PA.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>CHRISTOPHER STACEY</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>IMOGENE STACEY (DEC)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. PEARL AUSTIN - 1034 IRMA, UC</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aspiration of Vomitus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 hr.</u> <u>1 wk.</u> <u>year</u> <u>5400</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Massive G.I. Hemorrhage</u>		
	DUE TO (c) <u>Peptic Ulcer</u>		
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 <u>5400</u>		20. AUTOPSY? YES <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

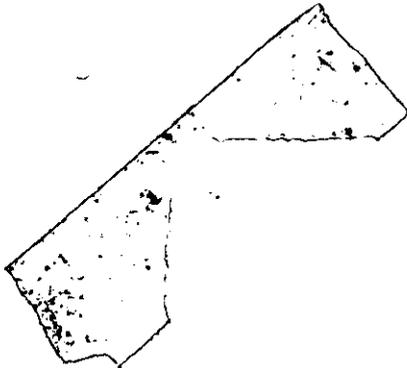
22. I hereby certify that I attended the deceased from 9-7, 1950, to 9-8, 1950, that I last saw the deceased alive on 9-8, 1950, and that death occurred at 3:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. W. E. Clark M.D.</u>		23b. ADDRESS <u>607 Brentwood Clayton</u>		23c. DATE SIGNED <u>9-12-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-12-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>VAHALLA CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo</u>	
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DATE REC'D BY LOCAL REG. <u>9-12-50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Clark 1125 Holmeant</u>	
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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.

Student Embalmer No.

Signed.....
Student Embalmer

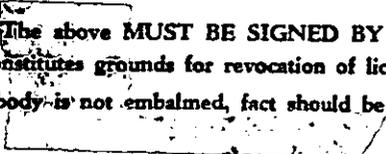
Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.



Jos. W. Clark

Undertaking Co.

Address 1125 Hodiamont Ave

St. Louis, Mo.

EMBALMER'S CERTIFICATION

This is to certify that I, the undersigned, a licensed embalmer, personally and efficiently embalmed the following described corpse:

Full name Harry Stacey Race White

Place and date of death St. Louis County Hospt Sept 8 1950

Physician (or Coroner) signing Certificate D. M. Weible, M.D.

Place and date of Embalming 1125 Hodiamont Ave Sept 8 1950

Remarks

Signed

Alfred J. Boedecker

Missouri License No 9663