

FILED NOV 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35642

317

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 3064		Registrar's No. 2618	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR Ferguson, 21		c. LENGTH OF STAY (In this place) RES. 10		c. CITY (If outside corporate limits, write RURAL and give township) OR Ferguson 21		4101	
d. FULL NAME OF HOSPITAL OR INSTITUTION 809 North Florissant Rd.				d. STREET ADDRESS (If rural, give location) 809 North Florissant			
3. NAME OF DECEASED (Type or Print) a. (First) Leonard		b. (Middle) James		c. (Last) Stockwell		4. DATE OF DEATH (Month) (Day) (Year) Oct. 27 1950	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH January 30, 1875	
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Food & Drugs		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME John Stockwell		13b. MOTHER'S MAIDEN NAME Clara Smith		14. NAME OF HUSBAND OR WIFE Stella May (nee) Sharp	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 497-03-6471A		17. INFORMANT'S SIGNATURE OR NAME Stella Stockwell (wife)		ADDRESS As above	
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) Aortic stenosis, severe; auriculo-ventricular dissociation, complete				About 10 yrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic (coronary) heart disease, advanced.					
		DUE TO (c)? Rheumatic heart disease, chronic					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, severe Emphysema, postural				416 X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		416 X					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO		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 May 1944, to Oct. 27, 1950, that I last saw the deceased alive on Oct. 24, 1950, and that death occurred at 7:45 a.m., from the causes and on the date stated above.							
23a. SIGNATURE John R. Smith M.D.				23b. ADDRESS 10 600 S. Kingshighway, St. Louis		23c. DATE SIGNED Oct. 28, '50	
24a. BURIAL, CREMATION, REMOVAL Burial		24b. DATE 10/30/50		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OCT 29 1950		REGISTRAR'S SIGNATURE J.R. Donke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE White Chapel, Ferguson, Mo.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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 L. M. White

Signed.....
Student Embalmer

Licensed Embalmer No. 3973

P. O. Address Irvington, N. J.

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.