

FILED DEC 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39082
State File No. 10026
Registrar's No. 10026

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>2946 Thomas 2219</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>St Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Warren</u>	b. (Middle)	c. (Last) <u>Stanley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 22 1950</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>C</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Nov 14 1885</u>	9. AGE (In years last birthday) <u>65</u>	10. MONTHS <u>8</u>	11. HOURS <u>8</u>	12. MIN. <u>8</u>
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10a. USUAL OCCUPATION (Give kind of work done during the most of working life, even if retired) <u>Ret. Rsd</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Monticelle ARK</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Alberta Stanley</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mable Harper</u>	ADDRESS <u>2912 Cass</u>
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18. CAUSE OF DEATH (Enter only one cause per line or (a), (b), and (c)) <u>Uremia Secondary to Acute Renal Failure</u>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Uremia Secondary to Acute Renal Failure		
ANTECEDENT CAUSES	DUE TO (b) <u>Pyrolytic Ileus and</u>		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <u>Hypertensive Cardio-vascular Disease</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	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? <u>443X</u>
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22. I hereby certify that I attended the deceased from 10-17, 19 50, to 11-22, 19 50, that I last saw the deceased alive on 10-22, 1950, and that death occurred at 6:50a m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robt. Bacon</u>	(Degree or title) <u>M. D.</u>	23b. ADDRESS <u>2601 N Whittier St.</u>	23c. DATE SIGNED <u>11-22-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-27-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park St Louis Co.</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>NOV 26 1950</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>EB [Signature]</u>	ADDRESS <u>1221 N Grand</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Card. Legal

0241 55 .

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 *Shirley Brown*

Signed.....
Student Embalmer

Licensed Embalmer No. 4755

P. O. Address 12217 Grand

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

39082

State of }
County of } ss.

State File No.
Local Registrar's No. 10026

AFFIDAVIT FOR CORRECTION OF A RECORD

On this day of, 194....., before me appears

....., who, upon oath, states that the original record of birth death
for **Warren Stanley** died **11-22-1950**, 19....., in the State of
Missouri, and which was filed at on, 19....., should be corrected as follows:

Item No. **8** should read **March 14 1885**

Instead of **Nov. 14 1894**

Item No. **9** should read **Age 65**

Instead of **56**

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant

2601 "hittier"

Present Address.

Fun. Dir

Relationship.

Subscribed and sworn to before me this day of

9-4-53

1945

Notary Public.

My Commission expires

Affidavits containing erasures will not be accepted; draw one line through error and write above it.