

FILED NOV 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39214

State File No.

 BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 2719

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>ST. L</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>CHAYTON</u>		c. LENGTH OF STAY (In this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) <u>4442</u> <u>CHAYTON</u>		d. STREET ADDRESS (If rural, give location) <u>305 N. MERAMEC</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>County Hosp</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Stell</u> b. (Middle) <u>Cannedy</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>11-11-50</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widowed</u>	8. DATE OF BIRTH <u>Mar 23-1876</u>		9. AGE (In years last birthday) <u>76</u> <input type="checkbox"/> UNDER 1 YEAR <u>5</u> <input type="checkbox"/> UNDER 1 Mth. <u>20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Carterville, Ill</u>		12. CITIZEN OF WHAT COUNTRY <u>US</u>
13a. FATHER'S NAME <u>Carroll Wagoner</u>		13b. MOTHER'S MAIDEN NAME <u>Narcissa Duncan</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Flo Ellis 305 N. Meramec</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Encephalomalacia</u> ANTECEDENT CAUSES DUE TO (b) <u>Cerebral Embolism</u> DUE TO (c) <u>Myocardial Infarction</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Infarct of Lung</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 day</u> <u>8 day</u> <u>unknown</u> <u>unknown</u>
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) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>4/201</u>				
22. I hereby certify that I attended the deceased from <u>11-3-1950</u> , to <u>11-11-1950</u> , that I last saw the deceased alive on <u>11-11-1950</u> , and that death occurred at <u>9:50 am.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>D. M. Weible</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>St. Louis Co. Hospital</u>		23c. DATE SIGNED <u>Nov 12, 1950</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/14/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Marion Embury</u>	24d. LOCATION (City, town, or county) (State) <u>Marion Ill</u>		
DATE REC'D BY LOCAL REG. <u>11/12/50</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Domb</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Louis W. Bopp Inc. Fulton</u>		

(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.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

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.