

FILED JUN 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21457
5593
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1009

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>4810a Maffitt ave</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Marys Infirmary</u>			

3. NAME OF DECEASED (Type or Print) <u>Lawrence Stanton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6 19 1951</u>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>October 24, 1904</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Supervisor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Union Elect. Co.</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Herbert Stanton</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Walker</u>	14. NAME OF HUSBAND OR WIFE <u>Daisy Stanton</u>
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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>493-05-0613</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Daisy Stanton</u>	ADDRESS <u>4810a Maffitt ave</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u>		
	ANTECEDENT CAUSES Morbid 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. <u>Bronchial Asthma</u>		Unknown	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>HHSX</u>
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22. I hereby certify that I attended the deceased from Nov. 1951, to June 18, 1951, that I last saw the deceased alive on June 18, 1951, and that death occurred at 2:15A m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. S. Smith, M.D.</u> (Degree or title)	23b. ADDRESS <u>11 N. Jefferson, St. Louis Mo</u>	23c. DATE SIGNED <u>6-19-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/22/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>
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DATE RECD. BY LOCAL REG. <u>JUN 20</u>	REGISTRAR'S SIGNATURE <u>J. B. Parster</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. W. Roberts</u>	ADDRESS <u>1416 N. Taylor ave</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 _____

Annice Roberts

Signed.....
Student Embalmer

Licensed Embalmer No. 4439

P. O. Address 1416 N. Jay

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.