

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11572**

FILED MAR 29 1952

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **793**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bridgetown		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bridgetown	
c. LENGTH OF STAY (In this place) 50 yrs		d. STREET ADDRESS (If rural, give location) Natural Bridge & Long Rd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Natural Bridge & Long Rd.			

3. NAME OF DECEASED (Type or Print) MINNIE STANLEY			4. DATE OF DEATH (Month) (Day) (Year) 3 23 52		
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	
8. DATE OF BIRTH 1880		9. AGE (In years last birthday) 72		10. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) France	

13a. FATHER'S NAME John Stevens		13b. MOTHER'S MAIDEN NAME Stella Stevens		14. NAME OF HUSBAND OR WIFE Lee Stanley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Earnest Palmer Natural Bridge & Long Rd	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of cervix ANTECEDENT CAUSES <i>Marbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) 171X DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Arteriosclerosis general 15 yrs		INTERVAL BETWEEN ONSET AND DEATH 3 mos	
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19a. DATE OF OPERATION unknown		19b. MAJOR FINDINGS OF OPERATION Biopsy taken out of state approx. 3 mos ago		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)	
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 **2-25, 1952**, to **3-23, 1952**, that I last saw the deceased alive on **3-20, 1952**, and that death occurred at **12:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. D. Johnson M.D.		23b. ADDRESS Ferguson Mo		23c. DATE SIGNED 3-24-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 30 24 52		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope	
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin Funeral Home			

DATE REC'D BY LOCAL REG. **3-25-52** REGISTRAR'S SIGNATURE **Herbert R. Donke MD** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **McLaughlin Funeral Home**
3301 Lafayette Ave
SW (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5000

Dr. Spahr
40 N. Flannery Rd.
V1-7-1302.

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed L. P. Cooper

Licensed Embalmer No. 3633

P. O. Address 2001 Lafayette

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.