

FILED MAY 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18983

State File No.

XC15562715

REG #100 150

BIRTH NO.

REG. DIST. NO. 317PRIMARY REG. DIST. NO. 6076

Registrar's No.

1105

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS		c. LENGTH OF STAY (in this place) 66 DAYS	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP		d. STREET ADDRESS (If rural, give location) 2810 DAYTON STREET	
3. NAME OF DECEASED (Type or Print) a. (First) NATHAN b. (Middle) STANLEY c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) APRIL 24, 1952	
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-29-10
9. AGE (in years last birthday) 42		10. UNDER 1 YEAR Months	11. UNDER 12 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY RECREATION PARLOR	
11. BIRTHPLACE (City and State or Foreign Country) PACIFIC, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME NATHAN STANLEY SR.		13b. MOTHER'S MAIDEN NAME ELEANOR PACE	
14. NAME OF HUSBAND OR WIFE BERTHA STANLEY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-II		16. SOCIAL SECURITY NO. UNKNOWN	
17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS., JEFF. BRKS., MO.		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION UREMIA INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES CHRONIC PYELONEPHRITIS DUE TO (b) <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> URINARY INFECTION DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 6000		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE	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) VA	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>2-18-52</u> , 19 <u> </u> , to <u>4-24-52</u> , 19 <u> </u> XXXXXX and that death occurred at <u>12:25 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <i>James A. Healey MD</i>		23b. ADDRESS VAH, JEFFERSON BARRACKS, MO.	23c. DATE SIGNED 4-24-52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4-28-52	24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY	24d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MISSOURI
DATE REC'D BY LOCAL REG. 4-28-52	REGISTRAR'S SIGNATURE <i>Herbert R. Dombke</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>James A. Healey</i> ADDRESS 1123 N. Taylor	

(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 _____

Student Embalmer No. _____

working under my personal supervision. ..

Student
Student Embalmer

Signed John R. Cunningham

Licensed Embalmer No. 4496

P. O. Address 4223 Enright

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.