

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34116**
7865
Registrar's No. **7865**

FILED OCT 1 - 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI. b. COUNTY ST. LOUIS,	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN ST. LOUIS, MISSOURI.)		c. LENGTH OF STAY (In this place) 12 hours	c. CITY OR TOWN CLAYTON 5, <i>444 2 / 1</i>
d. FULL NAME (If not in hospital or institution, give street address or location) OF HOSPITAL OR INSTITUTION DEACONESS HOSPITAL.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 8021 ORLANDO DRIVE,		(If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) MILTON	b. (Middle) McKINLEY	c. (Last) STANZE.	4. DATE OF DEATH (Month) (Day) (Year) AUGUST 10, 1953.
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5. SEX MALE. <i>0</i>	6. COLOR OR RACE WHITE.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED.	8. DATE OF BIRTH JAN'Y 17, 1896.	9. AGE (In years last birthday) 57.	If UNDER 1 YEAR Months	If UNDER 2 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Certified Public Accountant.	10b. KIND OF BUSINESS OR INDUSTRY employed.	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI. <i>0</i>	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME FRANK STANZE.	13b. MOTHER'S MAIDEN NAME MARIE STEWART	14. NAME OF HUSBAND OR WIFE EMMA LOU CUSICK STANZE.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes..	(If yes, give war or dates of service) W.W. #1 (Navy).	16. SOCIAL SECURITY NO. 490-01-5626.	17. INFORMANT'S SIGNATURE OR NAME Mrs Milton Stanze	ADDRESS #8021 Orlando Drive.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		14 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary arteriosclerosis DUE TO (c) Essential hypertension		year year
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 420.1
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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?
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22. I hereby certify that I attended the deceased from **Feb**, 19**51**, to **Aug 10**, 19**53**, that I last saw the deceased alive on **Aug 10**, 19**53**, and that death occurred at **7:30 A** m., from the causes and on the date stated above.

23a. SIGNATURE Sam Deam (Degree or title) 0 Md	23b. ADDRESS 354 Central - Clayton Mo	23c. DATE SIGNED 8/11/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal.	24b. DATE 8/12/53.	24c. NAME OF CEMETERY OR CREMATORY BELLEFONTAINE CEMETERY.	24d. LOCATION (City, town, or county) (State) ST. LOUIS, MISSOURI.
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DATE REC'D BY LOCAL REG. AUG 11 1953	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE G. R. LUPTON & SONS,	ADDRESS 7233 DELMAR BLV'D.
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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.....
Signature of Student Embalmer

Signed *Arnold W. Schoene*.....

Licensed Embalmer No. *3864*.....

P. O. Address *St. Louis,*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.