

FILED JAN 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45579

State File No.

 BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **12167**

1. PLACE OF DEATH a. COUNTY 0		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 town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2269	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital		d. STREET ADDRESS (If rural, give location) 1322 Warren St	
3. NAME OF DECEASED (Type or Print) a. (First) Grover b. (Middle) Stogsdill c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Dec. 24, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 6/1891
9. AGE (In years last birthday) 62 If UNDER 1 YEAR: Months Days Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Man		10b. KIND OF BUSINESS OR INDUSTRY Columbia Box Co	
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Tent Stogsdill		13b. MOTHER'S MAIDEN NAME ? Erd	
14. NAME OF HUSBAND OR WIFE Fannie Stogsdill			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME Fannie Stogsdill		ADDRESS 1322 Warren St.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Cancer ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer of Rectum DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None	
INTERVAL BETWEEN ONSET AND DEATH 2 yrs.		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 154X			
22. I hereby certify that I attended the deceased from June , 19 53 to Dec , 19 53 , that I last saw the deceased alive on _____, 19____, and that death occurred at 6:30 A.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Charles Burnside MD		23b. ADDRESS 5535 Osborn	
23c. DATE SIGNED 12/24/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 28/1953	
24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
DATE REC'D BY LOCAL REG. DEC 26 1953		25. FUNERAL DIRECTOR'S SIGNATURE Leidner Und., 2223 St. Louis Av.	
REGISTRAR'S SIGNATURE J. Earl Smith MD		ADDRESS	

(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 MR

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.