

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6850

BIRTH MONTH FULLED MAR 11 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1775

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 township) OR TOWN ST. LOUIS		c. CITY OR TOWN Clayton 5, <u>4452</u>	
c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4385 Maryland Ave</u>		e. STREET ADDRESS (If rural, give location) #40 Brentmoor Park.	

3. NAME OF DECEASED (Type or Print)	a. (First) ANNE	b. (Middle) Chew	c. (Last) STANARD.	4. DATE OF DEATH (Month) (Day) (Year) 2-23-1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed.	8. DATE OF BIRTH Feb'y 19, 1876.	9. AGE (In years last birthday) 78.	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home..	10b. KIND OF BUSINESS OR INDUSTRY At Home.	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Francis T. Chew.	13b. MOTHER'S MAIDEN NAME Mary Willi. Winsor.	14. NAME OF HUSBAND OR WIFE William K. Stanard.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no.	(If yes, give war or dates of service) no.	16. SOCIAL SECURITY NO. none.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lansden McCandless, #40rBrentmoor Park.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular thrombosis</u> 1948		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis, general</u> ? DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)
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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? 332X
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22. I hereby certify that I attended the deceased from Dec 1, 1926, to Feb 23, 1954, that I last saw the deceased alive on Feb 30, 1954, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Samuel B. Grant M.D.</u>	23b. ADDRESS <u>114 N. Taylor Ave</u>	23c. DATE SIGNED <u>Feb 24 54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial..	24b. DATE <u>2/26/54.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri.</u>
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DATE REC'D BY LOCAL REG. FEB 24 1954	REGISTRAR'S SIGNATURE <u>J. Carl Smith MO</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R. Lupton & Sons; 7233 Delmar Blvd</u>
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(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.....
Signature of Student Embalmer

Signed *Clarence A. Murray*

Licensed Embalmer No. *476*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.