

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36000

State File No. 9215
Registrar's No. 9215

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

1. PLACE OF DEATH
a. COUNTY

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 St. Louis
c. LENGTH OF STAY (in this place)

c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hospital

e. STREET ADDRESS (If rural, give location) 1537 Gieseking Lane

3. NAME OF DECEASED
a. (First) Thomas
b. (Middle) C.
c. (Last) Stack

4. DATE OF DEATH (Month) (Day) (Year) 10 - 10 - 1954

5. SEX Male
6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 10 - 3 - 1890

9. AGE (In years last birthday) 64
IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Timekeeper

10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. R.R.

11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Charles H. Stack

13b. MOTHER'S MAIDEN NAME Mary Ellen Squires

14. NAME OF HUSBAND OR WIFE Ethel Linberg Stack

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) W.W.I.

16. SOCIAL SECURITY NO. 702-14-2755

17. INFORMANT'S SIGNATURE OR NAME Mrs. Ethel Stack, 1537 Gieseking Lane
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Upper intestinal hemorrhage
(b) Peptic ulcer
(c) Hypertension

INTERVAL BETWEEN ONSET AND DEATH
few hrs.
Over 8 yrs.
years

* This does not mean the mode of death, such as heart failure, pneumonia, etc. It means the disease, injury, or complication which caused death.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION 1946

19b. MAJOR FINDINGS OF OPERATION Perforated peptic ulcer

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 5401

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:19 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) Alfred R. Olson M.D.

23b. ADDRESS 175550 Grand
23c. DATE SIGNED 10-04-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 10/13/54

24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery
24d. LOCATION (City, town, or county) St. Louis Co. (State) Mo.

DATE REC'D BY LOCAL REG. OCT 11 1954
REGISTRAR'S SIGNATURE J. Carl Smith Mo.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Drehmann-Harral 1905 Union Blvd.

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 *Albert R. Thompson*.....

Licensed Embalmer No....423

P. O. Address *St. Paul*.....

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.