

FILED AUG 4 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24438**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5919**

1. PLACE OF DEATH

a. COUNTY **NO**
b. CITY (If outside corporate limits, write RURAL and give OR TOWN **ST. LOUIS, MISSOURI** township)
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION **BARNES HOSPITAL**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)
a. STATE **Missouri** b. COUNTY **St. Louis**
c. CITY OR TOWN **University City**
d. Is Residence within limits of a city or incorporated town? Yes No

e. STREET ADDRESS (If rural, give location) **Lindell and Skinker Blvd;**

3. NAME OF DECEASED (Type or Print)
a. (First) **WINFRED** b. (Middle) **Carr** c. (Last) **STUMPE**

4. DATE OF DEATH (Month) (Day) (Year) **JULY 8, 1955**
5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **divorced** 8. DATE OF BIRTH **Feb. 11, 1894** 9. AGE (in years last birthday) Months Days Hours or Min. **61**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Office work; Washington University.** 10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) **England.** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Henry W. Wagon.** 13b. MOTHER'S MAIDEN NAME **Clara Pearce.** 14. NAME OF HUSBAND OR WIFE **Arthur Stumpe.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no** 16. SOCIAL SECURITY NO. **499-26-6589** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Jhan Robbins;** ADDRESS **New Canaan, Conn.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinoma of breast with metastases to lungs, bone and lymph nodes**
INTERVAL BETWEEN ONSET AND DEATH **2 years**
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES (b) **Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.**
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS (c) **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 NO

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? **170x**

22. I hereby certify that I attended the deceased from **APRIL 29 1955**, to **JULY 8, 1955**, that I last saw the deceased alive on **JULY 8, 1955**, and that death occurred at **1:45am.**, from the causes and on the date stated above.

23a. SIGNATURE **FR Bralley** (Degree or title) **M. D.** 23b. ADDRESS **BARNES HOSPITAL** 23c. DATE SIGNED **7/8/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Cremation** 24b. DATE **7-11-1955** 24c. NAME OF CEMETERY OR CREMATORY **Valhalla Crematory** 24d. LOCATION (City, town, or county) (State) **St. Louis Co., Missouri**

DATE REC'D BY LOCAL REG. **JUL 8 1955** REGISTRAR'S SIGNATURE **J. Earl Smith md** 25. FUNERAL DIRECTOR'S SIGNATURE **C.R. Lupton & Sons;** ADDRESS **7233 Delmar 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 *Arnold W. Schoene*

Licensed Embalmer No. *386*

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.