

FILED AUG 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24917

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 500 Registrar's No. 1717

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Berdell Hills</u>		c. LENGTH OF STAY (in this place) <u>5 years</u>	c. CITY OR TOWN <u>Berdell Hills</u> <u>17</u> <u>10</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>5309 Kirkland Drive, 21</u>		e. STREET ADDRESS (If rural, give location) <u>5309 Kirkland Drive, 21,</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>IDA</u>	b. (Middle) <u>MAY</u>	c. (Last) <u>STANLEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 27th, 1955</u>
--	--------------------------	---------------------------	-----------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 14th, 1873</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Mins. _____
-------------------------	----------------------------------	--	---	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Madison, Wisconsin</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	--	---	--

13a. FATHER'S NAME <u>(Unknown) Fairbrother</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Late Robert Stanley</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Raymond Stanley, 5309 Kirkland Drive, 21</u>	ADDRESS <u>5309 Kirkland Drive, 21</u>
--	--	--	---

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>		<u>10 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture L Humerus</u>			<u>2 weeks</u>

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? <u>4200F</u> YES <input type="checkbox"/> NO <input type="checkbox"/>
---------------------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>
---	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>
--	--	---

22. I hereby certify that I attended the deceased from 1-6, 1940, to 7-27, 1955, that I last saw the deceased alive on 7-27, 1955, and that death occurred at 9:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M.P. Staehle M.D.</u>	23b. ADDRESS <u>4124 Natural Bridge</u>	23c. DATE SIGNED <u>7-28-55</u>
--	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/30/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>
--	-----------------------------	---	--

DATE REC'D BY LOCAL REG. <u>7/29/55</u>	REGISTRAR'S SIGNATURE <u>Hedberg, Donka, M.D.</u>	FUNERAL DIRECTOR'S SIGNATURE <u>CALVIN F. FEUTZ</u>	ADDRESS <u>4828 Natural Bridge Blvd. FUNERAL HOME, INC., St. Louis, 15, Missouri.</u>
--	--	--	--

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 *John A. Mendon*.....

Licensed Embalmer No... *418*.....

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.