

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 10 1955

State File No. **35511**

BIRTH NO. _____ REG. DIST. NO. **517** PRIMARY REG. DIST. NO. **590** Registrar's No. **2483**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY OR TOWN BRENTWOOD		c. CITY OR TOWN BRENTWOOD	
c. LENGTH OF STAY (In this place) 5 YR		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 8519-FLORENCE		e. STREET ADDRESS (If rural, give location) 8519 FLORENCE	

3. NAME OF DECEASED (Type or Print)	a. (First) ROY	b. (Middle) R	c. (Last) STANFORD	4. DATE OF DEATH (Month) (Day) (Year) 10 26 55
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 24-1897	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 2 Days 3	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AUTO-ASSEMBLY	10b. KIND OF BUSINESS OR INDUSTRY GEN. MOTORS	11. BIRTHPLACE (City and State or Foreign Country) FLORA-ILL	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME ABRAHAM STANFORD	13b. MOTHER'S MAIDEN NAME Laura UNKNOWN	14. NAME OF HUSBAND OR WIFE FLOSSIE STANFORD
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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. 493-09 5251	17. INFORMANT'S SIGNATURE OR NAME FLOSSIE STANFORD	ADDRESS ABOVE
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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 7 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach <i>with metastases to liver and lymph glands</i>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 151X		
19a. DATE OF OPERATION 4/14/55		19b. MAJOR FINDINGS OF OPERATION Ruptured malignant gastric ulcer with metastases to liver and lymph glands	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?

22. I hereby certify that I attended the deceased from **4/14, 1955**, to **10/26, 1955**, that I last saw the deceased alive on **10/23, 1955**, and that death occurred at **12:15 Am.**, from the causes and on the date stated above.

23a. SIGNATURE Ch. Bockelman M.D.	(Degree or title) C	23b. ADDRESS 2615 Brentwood Blvd	23c. DATE SIGNED 10/26/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 10/28-55	24c. NAME OF CEMETERY OR CREMATORY FLORA-ILL CEM.	24d. LOCATION (City, town, or county) (State) FLORA ILL
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DATE REC'D BY LOCAL REG. 10-27-55	REGISTRAR'S SIGNATURE Heber K. Romke M.D.	25. FUNERAL DIRECTOR'S SIGNATURE JAY B. SMITH	ADDRESS 7456 MANCHESTER
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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.....

Licensed Embalmer No. 402

P. O. Address Appleton

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.