

FILED NOV 23 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38917  
State File No. 10022

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10022**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>18 yrs.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hospital</b>		STREET ADDRESS (If rural, give location) <b>3940a St. Louis Ave.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Louis</b> b. (Middle) <b>-</b> c. (Last) <b>Stalling</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>11 - 15 - 55</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>March 27, 1906</b>	9. AGE (In years last birthday) <b>49</b>	IF UNDER 1 YEAR Months <b>7</b>	IF UNDER 24 HRS. Days <b>18</b>	IF UNDER 1 HRS. Hours <b>18</b>	IF UNDER 15 MIN. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Curtiss Mfg. Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Union City, Tennessee</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		

13a. FATHER'S NAME <b>Arthur Stalling</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Hudson</b>	14. NAME OF HUSBAND OR WIFE <b>Bessie</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>489-12-7869</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Annie Stalling</b>	ADDRESS <b>3940a St. Louis Ave</b>
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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, asthma, 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) <b>Pneumonia, Lobar</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Congestive failure, etiology, undetermined</b>		<b>490x</b>	

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?
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22. I hereby certify that I attended the deceased from **11-12-**, 19**55**, to **11-15-**, 19**55**, that I last saw the deceased alive on **11-15-**, 19**55**, and that death occurred at **10:30 A.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E. B. Williams</b> (Degree or title) <b>M. D.</b>	23b. ADDRESS <b>2601 N. Whittier Street</b>	23c. DATE SIGNED <b>11-16-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVALS</b>	24b. DATE <b>11/19/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>NOV 17 1955</b>	REGISTRAR'S SIGNATURE <b>Charles J. Gates</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Charles J. Gates</b>	ADDRESS <b>4107 Finney Ave.</b>
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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 *Arthur R. Heilliard*

Licensed Embalmer No... 422

P. O. Address 4107 Finney

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