

## STANDARD CERTIFICATE OF DEATH

State File No. ....

10212

Registrar's No. ....

FILED DEC 2 1955

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

1. PLACE OF DEATH  
a. COUNTY2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

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 St. Louis Chronic Hosp.

e. STREET ADDRESS (If rural, give location) 13 5800 Arsenal St. 2139

3. NAME OF DECEASED (Type or Print)  
a. (First) William b. (Middle) Andrew c. (Last) Stoddard

4. DATE OF DEATH (Month) (Day) (Year) Nov. 16, 1955

5. SEX male

6. COLOR OR RACE white

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

8. DATE OF BIRTH June 3, 1888

9. AGE (In years last birthday) 67  
# UNDER 1 YEAR Months Days # UNDER 2 WKS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Ill.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John F. Stoddard

13b. MOTHER'S MAIDEN NAME Eliz. Trutchley

14. NAME OF HUSBAND OR WIFE Elva ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hospital Records

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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Acute Pulmonary Edema  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Central Vascular Accident  
DUE TO (c) Cerebral Arteriosclerosis  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
331XINTERVAL BETWEEN ONSET AND DEATH  
1 day  
years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 334X

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) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK 

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-26-54, 19\_\_, to 11-16-55, 19\_\_ that I last saw the deceased alive on 11-16-55, 19\_\_, and that death occurred at 12:15 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George M. Janaka, M.D.

23b. ADDRESS 5600 Arsenal

23c. DATE SIGNED 741.17.1955

24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION

24b. DATE 11-23-55

24c. NAME OF CEMETERY OR CREMATORY CITY CREMATORY

24d. CITY, TOWN, OR COUNTY (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. NOV 22 1955

REGISTRAR'S SIGNATURE J. Earl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James Ryan 5800 Arsenal

S.P. (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..... **NOT EMBALMED**

Licensed Embalmer No.....

P. O. Address .....

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.