

FILED NOV 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39156

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 541 Registrar's No. 2680

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). ..a. STATE <b>Missouri</b> ..b. COUNTY <b>St. Louis</b>	
b. CITY OR TOWN <b>Clayton</b>		c. CITY OR TOWN <b>Rock Hill</b> # 63	
c. LENGTH OF STAY (in this place) <b>DOA</b>		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 <b>St. Louis Co. Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>9516 Inglewood Ct.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Anna</b> b. (Middle) <b>Mae</b> c. (Last) <b>Stallings</b>			4. DATE OF DEATH <b>Nov. 14th 1955</b> (Month) (Day) (Year)		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>Mar. 30th 1885</b>		9. AGE (In years last birthday) <b>70</b>		10. F UNDER 1 YEAR <b>7</b> Months	
11. BIRTHPLACE (City and State or Foreign Country) <b>Mt. Vernon Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. F UNDER 1 HR. <b>14</b> Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Mt. Vernon Ill.</b>	

13a. FATHER'S NAME <b>Ernest Rogers</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Van Dyke</b>		14. NAME OF HUSBAND OR WIFE (late) <b>Wm. Henry Stallings</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lucille Stallings</b> ADDRESS <b>Above</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Artero-sclerotic heart disease</b>		DUE TO (b) <b>Sanity</b>			
		ANTECEDENT CAUSES		DUE TO (c)			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
II. OTHER SIGNIFICANT CONDITIONS		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 <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) <b>4200</b> (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 Sept 23, 1955 to Nov 14, 1955, that I last saw the deceased alive on Nov. 10, 1955, and that death occurred at 8:50 A. m., from the causes and on the date stated above.

23a. SIGNATURE <b>O. E. Williamson</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>6336 Clayton Road.</b>		23c. DATE SIGNED <b>11/15/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-17-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>	
24d. LOCATION (City, town, or county) <b>St. Louis Co. Mo.</b>		24e. (State)			

DATE REC'D BY LOCAL REG. <b>11-15-55</b>		REGISTRAR'S SIGNATURE <b>Herbert B. Dondos</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>JAY B. SMITH, Maplewood, Mo.</b> ADDRESS	
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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 *A. B. Burgess*.....  
Licensed Embalmer No. *48*.....  
P. O. Address *Uppl...*.....

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.