

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 6 1956

State File No. **42664**  
Registrar's No. **10980**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>10980</b>			
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 township) OR TOWN <b>Saint Louis</b>		c. LENGTH OF STAY (in this place) <b>15 Years</b>		c. CITY OR TOWN <b>Saint Louis</b>		d. Is Residence within limits of a city and incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2925a Hebert Street, 7,</b>				e. STREET ADDRESS (If rural, give location) <b>16 2925a Hebert Street, 7, 21070</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b>			b. (Middle) <b>MERRILL</b>			c. (Last) <b>STOUT</b>			
4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 13th, 1955</b>									
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Feb. 2nd, 1872</b>		9. AGE (In years last birthday) <b>83</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Telegrapher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>B. &amp; O. Railroad</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Lynchburg, Virginia</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Unknown</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Nancy Stout nee Daniel</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Nancy Stout, 2925a Hebert Street, 7,</b>				
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.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> <p align="center"><b>Carcinoma of lip with Metastases</b></p> <p align="center"><i>Carcinoma of lip &amp; Metastases</i></p> <p>ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i></p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i></p>						INTERVAL BETWEEN ONSET AND DEATH <b>1 yr. 1 year</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>140x</b>						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)		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 <u>June</u> , 1952 to <u>Dec</u> , 1955, that I last saw the deceased alive on <u>12/12</u> , 1955, and that death occurred <u>all:15A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <b>Wm. O. Nowrey</b> (Degree or title) <i>William O. Nowrey M.D.</i>				23b. ADDRESS <b>3625 Fair</b> <i>3625 Fair Ave</i>			23c. DATE SIGNED <b>12/15/55</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12/16/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lake Charles Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>DEC 15 1955</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		FUNERAL DIRECTOR'S SIGNATURE <b>CALVIN F. FEUTZ</b>			ADDRESS <b>4828 Natural Bridge Blvd. St. Louis, 15, Missouri</b>		

WRITE PLAINLY--USING UNFAADING 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. M...*

Licensed Embalmer No. *41*

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.