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FILED FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 315

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Berkeley</u>		c. LENGTH OF STAY (in this place) <u>32 yrs.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Berkeley</u>		d. STREET ADDRESS (If rural, give location) <u>8910 Zev Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8910 Zev Ave.</u>		d. STREET ADDRESS <u>8910 Zev Ave.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Francis</u>		b. (Middle) <u>M.</u>	
c. (Last) <u>Stonecipher</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 1, 1956.</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 15, 1867</u>
9. AGE (In years) (last birthday) <u>88</u>		10. MONTHS <u>8</u>	11. IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Section Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railway</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Richview, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>William Stonecipher</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Nora Stonecipher</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>488-18-7544</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles H. Stonecipher, Berkeley</u>	
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) <u>Branchio-ectasia</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>491X</u>	
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)		<u>Richview, Illinois</u>	
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>2-1</u> , 19 <u>56</u> , to <u>2-1</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2-1</u> , 19 <u>56</u> , and that death occurred at <u>7 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>M. W. Johnson</u>		23b. ADDRESS <u>Ferguson, Mo.</u>	
23c. DATE SIGNED <u>2-2-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2/4/56</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Richview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Richview, Illinois</u>	
DATE REC'D BY LOCAL REG. <u>2-2-56</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donahue</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>WHITE CHAPEL, FERGUSON, MO.</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3.300
0.48

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
Student Embalmer

Signed

Eleana Province

Licensed Embalmer No. *3403*

P. O. Address *Jennings, Mo*

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 this body is not embalmed, fact should be so stated above.