

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7686

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 321

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 _____	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Normandy</u>		c. LENGTH OF STAY (in this place) <u>3 WKS.</u>	c. CITY OR TOWN <u>St. Louis</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Normandy Osteo. Hosp.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <u>17 3235 Lafayette</u>		(If rural, give location) <u>2179</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ARCHIE</u> b. (Middle) <u>(ARTHUR)</u> c. (Last) <u>STALLINS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2</u> <u>1</u> <u>56</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>May 25, 1895</u>
9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shell Sta. Mgr.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Shell Serv. Sta.</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Fulton, Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>William STALLINS</u>	13b. MOTHER'S MAIDEN NAME <u>Garnet AMERICA A CARVER</u>	14. NAME OF HUSBAND OR WIFE <u>Mayme STALLINS</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>	16. SOCIAL SECURITY NO. <u>1917-18</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mayme Stallins</u>	ADDRESS <u>3235 Lafayette</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Overwhelming pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1-27-56</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Malnutrition</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<u>4 hrs</u>
	DUE TO (c) <u>Abdominal wound</u>		<u>1-27-56</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Ca of Inguinal Hernia</u>			<u>6 min</u>

19a. DATE OF OPERATION <u>1/15/56</u>	19b. MAJOR FINDINGS OF OPERATION <u>Ca of Inguinal Hernia - Inoperable</u>	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) <u>1534</u>
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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? _____
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22. I hereby certify that I attended the deceased from 1/15, 1956, to 2/1, 1956, that I last saw the deceased alive on 2/1, 1956, and that death occurred at 11:15 m., from the cause and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>2</u>	23b. ADDRESS <u>5329 Riverside</u>	23c. DATE SIGNED <u>2/2/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2-3-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Buck Creek, Cayce Ky.</u>	24d. LOCATION (City, town, or county) (State) <u>Fulton, Kentucky</u>
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DATE REC'D BY LOCAL REG. <u>2-3-56</u>	REGISTRAR'S SIGNATURE <u>Robert R. Dombrowski</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Schum</u>	ADDRESS <u>St. Louis Mo.</u>
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Dr. (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 *Thomas R. Jenwick*

Licensed Embalmer No. *3793*

P. O. Address *3125 Lafayette*

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.