

XC-7 559 283

THE DIVISION OF HEALTH OF MISSOURI

18702

Reg. 15545 FILED MAY 25 1956

STANDARD CERTIFICATE OF DEATH

State File No.

318

1003

3797

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No.

1. PLACE OF DEATH a. CITY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI			b. CITY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 915 N. Grand, St. Louis, Mo.			c. LENGTH OF STAY (in this place) 8 days			c. CITY OR TOWN ST. LOUIS				
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hosp.			e. STREET ADDRESS (If rural, give location) 25 1720 BIDDLE STREET			d. Is Residence within limits of a city or incorporated town? <input type="checkbox"/> Yes <input type="checkbox"/> No				
3. NAME OF DECEASED (Type or Print) ROOSEVELT			a. (First)			b. (Middle)				
c. (Last) STANFIELD			4. DATE OF DEATH (Month) (Day) (Year) 4-13-56							
5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH 6-11-14		9. AGE (In years last birthday) 41		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) ARMS, MISSISSIPPI			12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Lonnie Stanfield			13b. MOTHER'S MAIDEN NAME Molly Davis			14. NAME OF HUSBAND OR WIFE None				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes WW-2			16. SOCIAL SECURITY NO. 708 18 4472			17. INFORMANT'S SIGNATURE OR NAME VA Hosp. Records, 915 N. Grand, St. Louis, Mo.				
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, athermia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia;							
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Intratracheal Anesthesia,							
			DUE TO (c) while undergoing lobectomy							
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. at Veterans Hospital on							
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION April 13th 1956						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Accident			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Shop			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo				
21d. TIME OF INJURY Apr 13 1956 3 m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? E-9544 490X				
22. I hereby certify that I attended the deceased from 4-5-56 , 19___, to 4-13-56 , 19___, and that death occurred at 12:10 pm. , from the causes and on the date stated above.										
23a. SIGNATURE Joseph M. ...			23b. ADDRESS 1308 Clark			23c. DATE SIGNED 4/17/56				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			24b. DATE 4/20/56			24c. NAME OF CEMETERY OR CREMATORY National Cemetery				
24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.			25. FUNERAL DIRECTOR'S SIGNATURE Carl Smith MD			ADDRESS Peoples Und. Co. 3100 Franklin				

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

(Licensed Embalmer's Statement on Reverse Side)

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 *H. Claude Gord*.....

Licensed Embalmer No. *34*

P. O. Address *4575A*

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.