t. Health,
& Welfare
S. Public
th Service

.S. 300
v. 1-56

FILED APR 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11501
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 438

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood 40 03 0 — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Gravois Rest Home — Length of stay in 1b 1 Yr. 22390 01

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 2836 Eads Ave. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First CLARENCE Middle ORIN Last STANLEY
4. DATE OF DEATH Month Feb. Day 15 Year 1957

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH April 15, 1899
9. AGE (In years last birthday) 57 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railway Officer-Mo.
10b. KIND OF BUSINESS OR INDUSTRY Pac.R.R. Co.
11. BIRTHPLACE (City and state or country) St. Louis, Mo. D
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John R. Stanley
14. MOTHER'S MAIDEN NAME Cora E. Milne

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) World War 1
16. SOCIAL SECURITY NO. None
17. INFORMANT Address Mrs. Elizabeth Quick 2836 Eads Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Medulary & Adrenal Failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Encephalo Malacia
DUE TO (c) Senility
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 332 X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec 1, 1956, to Feb 14, 1957 and last saw her/him alive on 2-14-57
Death occurred at 4:50 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) D.O. 2
22b. ADDRESS DR. J. M. COTTINGHAM P. O. BOX 248 VALLEY PARK, MO.
22c. DATE SIGNED 2-16-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Feb.18,1957
23c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

24. FUNERAL DIRECTOR Kriegshauser ADDRESS 4228 S.Kingshighway
25. DATE RECD. BY LOCAL REG. 2-16-57
26. REGISTRAR'S SIGNATURE Herbert R. Domke MD Dr.

(Licensed Embalmer's Statement on Reverse Side)

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

APR 15 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 453

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.