

FILED FEB 3 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

60704-57

3643

State File No. 627

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

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		c. LENGTH OF STAY (in this place) <u>23 Days</u>		c. CITY OR TOWN <u>East St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>24 St. Louis Children's Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>32 3330 Bond Ave.</u> <span style="float: right;">81208</span>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Tyrone</u>		b. (Middle) <u>VMN</u>		c. (Last) <u>Stallings</u>	
4. DATE OF DEATH		(Month) <u>1-15</u>		(Day) <u>58</u>		(Year) _____	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>7-31-57</u> ✓	
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months <u>5</u> Days <u>15</u>		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Marion Stallings SR</u>		13b. MOTHER'S MAIDEN NAME <u>Rosena Baines</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS RECEIVED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jane Mansfield</u>		ADDRESS <u>500 S. Kingshighway</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>RESPIRATORY FAILURE</u>  ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CYSTIC FIBROSIS OF PANCREAS</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>587-2</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>12-23</u> , 19 <u>57</u> , to <u>1-15</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>1-15</u> , 19 <u>58</u> , and that death occurred at <u>9:45 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Don J. Hurst</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>500 S. Kingshighway St. Louis 10 Mo.</u>		23c. DATE SIGNED <u>1-15-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1/16/58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brookers Washington Centreville Township, Ill.</u>		24d. LOCATION (City, town, or county) (State) <u>East St. Louis, Ill.</u>	
DATE REC'D BY LOCAL REG. <u>JAN 18 58</u>		REGISTRAR'S SIGNATURE <u>Carl Smith - MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Marionette Officer</u> ADDRESS <u>2114 Missouri Ave East St. Louis, Ill.</u>			

**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 *Frank Prokop*.....

Licensed Embalmer No. *4356*

P. O. Address *St Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.