

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-012802

STATE FILE NUMBER

FILED APR 15 1958 Registration District No. 319 Primary Registration District No. 4469 Registrar's No. 29

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Ste. Genevieve</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ste. Genevieve</u>		a. STATE <u>MO</u> COUNTY <u>Ste. Genevieve</u>		c. CITY OR TOWN <u>Ste. Genevieve</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>148 S. MAIN</u>		Length of stay in 1b <u>90 YES</u>		d. STREET ADDRESS (If outside, give location) <u>148 S. MAIN</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>MARIE LOUISE STANTON</u>				4. DATE OF DEATH <u>April 4 1958</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>MAY 6, 1867</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Ste. Genevieve, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>JAMUEL STANTON</u>				14. MOTHER'S MAIDEN NAME <u>MARIE MOREAU</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mrs. Vincent Sexauer</u> Address <u>Ste. Genevieve Mo</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>BODY BURNS 1ST DEGREE</u> DUE TO (b) <u>CLOTHING AFIRE</u> DUE TO (c) <u>9/60</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <u>10 MIN.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>16</u>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>CLOTHING LATCHING AFIRE FROM HOT PLATE STOVE.</u>				
20c. TIME OF INJURY <u>5:30 a.m.</u> <u>4/4/58</u>			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>				
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>			20f. CITY, TOWN, OR LOCATION <u>STE. GENEVIEVE</u>		COUNTY <u>STE. GENEVIEVE</u>		STATE <u>MO</u>
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Geo. E. Basler Coroner</u>				22b. ADDRESS <u>Ste. Genevieve Mo</u>		22c. DATE SIGNED <u>4/6/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>4-7-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>		23d. LOCATION (City, town, or county) (State) <u>STE. GENEVIEVE MO</u>		
24. FUNERAL DIRECTOR <u>Genevieve Stanton Ste. Genevieve Mo</u>			25. DATE RECD. BY LOCAL REG. <u>4/6/58</u>		26. REGISTRAR'S SIGNATURE <u>Will Basler</u>		

health, Welfare Public service  
300 1-56  
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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**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 *James H. Steuter*.....

Licensed Embalmer No. *381*.....

P. O. Address *St. Genevieve*.....

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