

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-016491

STATE FILE NUMBER

FILED MAY 1 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4516

300

-57

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 27 Homer G. Phillips		Length of stay in lb 2/3	d. STREET ADDRESS (If outside, give location) 3027 Madison
3. NAME OF DECEASED (Type or print) First Tolly Middle Last Stanley		4. DATE OF DEATH Month 4 Day 24 Year 58	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 2, 1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years at birthday) 59 Months Days Hours Min.
11. BIRTHPLACE (City and state or country) Brinkley, ARK		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME ARTHUR STANLEY		13b. MOTHER'S MAIDEN NAME MIDDY JOYNER	14. NAME OF HUSBAND OR WIFE CORRINE STANLEY
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	17. INFORMANT Address CORRINE STANLEY 3027 MADISON
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage Hypertensive vascular disease DUE TO (b) Hypertensive vascular disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) 331X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH: Arteriosclerotic heart disease terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH undet.
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 4-14-58 to 4-24-58 and last saw him alive on 4-24-58 Death occurred at 1:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Sydney A. Fraser (Name or title) Sydney A. Fraser, M.D.		22b. ADDRESS 2601 Whittier Street	22c. DATE SIGNED 4-24-58
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 4-28-58	23c. NAME OF CEMETERY OR CREMATORY Washington Park	23d. LOCATION (City, town, or county) (State) ST. LOUIS CO., MO.
24. FUNERAL DIRECTOR W. Robinson & Sons, 2721 Cass		25. DATE RECD. BY LOCAL REG. APR 26 '58	26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. SP

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 *Leroy H. Bonmister* .....  
Licensed Embalmer No. *4523*  
P. O. Address *4251 Washington*

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.