

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-042297  
STATE FILE NUMBER  
REGISTRAR'S NO. 10798

FILED NOV 20 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10798

300  
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, Missouri</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis,</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Louis Children's</b>		Length of stay in lb <b>7 hrs 45 min.</b>	d. STREET ADDRESS (If outside, give location) <b>6734 Glades Avenue</b>
3. NAME OF DECEASED (Type or print) <b>Leslie Ann Stanfield</b>		First <b>Hospital</b> Middle <b>35 min.</b> Last	4. DATE OF DEATH Month <b>11</b> Day <b>8</b> Year <b>58</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>10/30/58</b>
9. AGE (In years last birthday) <b>9</b>		IF UNDER 1 YEAR Months <b>9</b>	IF UNDER 24 HRS. Hours <b>9</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo. O</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Merlin Lynn Stanfield</b>	
13b. MOTHER'S MAIDEN NAME <b>Shirley Button</b>		14. NAME OF HUSBAND OR WIFE <b>never married</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) If yes, give year or dates of service <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Ida Toibb, 500 S. Kingshighway,</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>RESPIRATORY FAILURE</b> DUE TO (b) <b>MASSIVE LUNG ATELECTASIS</b> DUE TO (c) <b>762.0</b>			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)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <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 <b>11/8/58</b> to <b>11/8/58</b> and last saw her alive on <b>11/8/58</b> Death occurred at <b>10:55 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Richard Harty, M.D.</b>		22b. ADDRESS <b>500 S. Kingshighway,</b>	22c. DATE SIGNED <b>11/9/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>11-9-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Casey, Ill.</b>
23d. LOCATION (City, town, or county) (State)		24. FUNERAL DIRECTOR ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</b>	
25. DATE RECD. BY LOCAL REG. <b>NOV 10 58</b>		26. REGISTRAR'S SIGNATURE <b>Carl Smith No 1198</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

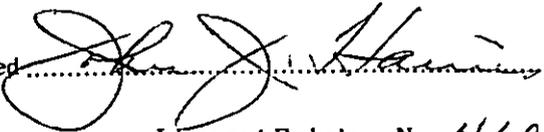
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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  .....

Licensed Embalmer No. 4128  
P. O. Address Blount

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.