

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-027243

STATE FILE NUMBER

Registrar's No. 6335

FILED JUL 17 1959

Registration District No. _____ Primary Registration District No. _____

S. 300

v. 1-57

19

395

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Conv. Home		Length of stay in lb 7 yrs.	
d. STREET ADDRESS 6407 Clifton Hills		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Rose Middle E. Last Stannart			4. DATE OF DEATH Month July Day 2 Year 1959
5. SEX Female	6. COLOR OR RACE Caucasian	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 2, 1867
9. AGE (In years last birthday) 92		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Louis Leitz		13b. MOTHER'S MAIDEN NAME Harriet Steiner	
14. NAME OF HUSBAND OR WIFE Harry S. Stannart (deceased)		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. None		17. INFORMANT Mrs. Fred Ernst, 5046 Christy Ave. St. Louis	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio Sclerotic Heart A.D. DUE TO (b) Generalized Arterio Sclerotic DUE TO (c) 10/55 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420-0			INTERVAL BETWEEN ONSET AND DEATH 2455 10/55
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 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 Death occurred at June 15 to July 2 and last saw her alive on June 30/59 in of the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Do not use initials) W. R. Hoffmeister, M.D.		22b. ADDRESS 420-0	
22c. DATE SIGNED July 3/59		22d. STATE SIGNED Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/6/1959	
23c. NAME OF CEMETERY OR CREMATORY St. Trinity		23d. LOCATION (City, town, or county) (Specify) St. Louis County, Missouri	
24. FUNERAL DIRECTOR ADDRESS HOFFMEISTER COLONIAL MORTUARY		25. DATE RECD. BY LOCAL REG. JUL 6 '59	
26. REGISTRAR'S SIGNATURE Joan Smith, M.D.			

6464 CHIPPEWA ST. St. LOUIS (Licensed Embalmer's Statement on Reverse Side)

m8c

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 *Bill C. Branson*

Licensed Embalmer No. *4969*

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.