

# DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. MAR 3 0 1960 317

60-013578  
STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. 541 Registrar's No. 779

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST LOUIS</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>CLAYTON</u>		Length of stay in 1b <u>2 WKS.</u>	c. CITY OR TOWN <u>LEMAV, 25</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>COUNTY HOSPITAL</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>512 MAGOFFIN RD</u>		
3. NAME OF DECEASED (Type or print) First <u>Henry</u> Middle <u>J.</u> Last <u>Stock</u>			4. DATE OF DEATH Month <u>3</u> - Day <u>5</u> - Year <u>60</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W</u>	17. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/20/1881</u>	9. AGE (last birthday) <u>79</u>	IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MILK SALESMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>	11. BIRTHPLACE (City and state or country) <u>ST LOUIS, MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>STOCK</u>		13b. MOTHER'S MAIDEN NAME <u>MARY WILLOH</u>		14. NAME OF HUSBAND OR WIFE <u>ESTELLE (deceased)</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>489-05-2737</u>	17. INFORMANT <u>CLETUS STOCK 9820 AFTON A.</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) Hemorrhagic pancreatitis + hemorrhagic infarct

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) prob - granular carcinoma of bladder

DUE TO (c) \_\_\_\_\_

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

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 _____ a.m. _____ p.m.	Month, Day, Year _____				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 2-20-60, to 3-5-60 and last saw <sup>her</sup>him alive on 3-5-60  
Death occurred at 5:40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Emil Mantini M.D.</u>		22b. ADDRESS <u>601 So. Brentwood</u>		22c. DATE SIGNED <u>3-5-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>3-8-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SS. Peter &amp; Paul</u>	23d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u>		
24. FUNERAL DIRECTOR <u>FENDLER</u>		ADDRESS <u>7420 MICHIGAN</u>	25. DATE RECD. BY LOCAL REG. <u>3-7-60</u>	26. REGISTRAR'S SIGNATURE <u>John C. Murphy M.D.</u>	

(License of Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*W. G. Peter*

Licensed Embalmer No. 376

P. O. Address 7420 Ma

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