MAY 13 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 14989

Township ..... Primary Registration District No. 1003 Registered No. 3871

City St. Louis Mo. (No. St. Louis Children's Hosp. St. ..... Ward)

2. FULL NAME Wm. Harold Stanley, Jr.

(a) Residence, No. 4258 Juniata St., 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Child

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2-1-33

7. AGE: YEARS 2 | MONTHS 2 | DAYS 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. L.

FATHER
13. NAME: Wm.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cape Girardeau Mo.

MOTHER
15. MAIDEN NAME: Alice Clark
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cape Girardeau Mo.

17. INFORMANT (ADDRESS): [illegible] 500 S. Kingsbury

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Burial Pk. DATE 4/30, 1935

19. UNDERTAKER (ADDRESS): Alton Pollock Co. 2707 N. Ward Bly.

20. FILED APR 29 1935, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-28-, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-26, 1935 to 4-28-, 1935

I last saw him alive on 4-28-, 1935. Death is said to have occurred on the date stated above, at 7 p.m. 30

The principal cause of death and related causes of importance were as follows:

Influenzal Meningitis
Non Epidemic
79a

Date of onset 4/21/35

Other contributory causes of importance:

none

Name of operation ..... Date of .....

What test confirmed diagnosis? L.P. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) J. C. Jandon, M. D.

(Address) St. Louis C.H. Hosp.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.