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.

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

Do not use this space.

29056

1. PLACE OF DEATH SEP 10 1937

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

Township ..... Primary Registration District No. 1003 Registered No. 7689

City St Louis Mo. (No. Isolation Hosp. St. ..... Ward)

2. FULL NAME Charles Stanley.

(a) Residence, No. 5801 Cote Brilliante St., 6 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: White
4. COLOR OR RACE: Male
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 3, 1883.

7. AGE: YEARS 54 | MONTHS 2 | DAYS 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City Fireman
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. Louis, Mo.

FATHER
13. NAME: Ed. B. Stanley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Steubenville, Ohio

MOTHER
15. MAIDEN NAME: Florence Rouffe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boston, Mass.

17. INFORMANT (ADDRESS): Stella Grady. 5600 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Picker Cem DATE Aug. 16 1937

19. UNDERTAKER (ADDRESS): John A. Gentleman 5077 Durant ave.

20. FILED AUG 15 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 12. 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 4, 1937, to Aug. 12, 1937
I last saw him alive on Aug. 12, 1937. Death is said to have occurred on the date stated above, at 8:20 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas, facial	8.1.37
Cirrhosis, Luetic	

Other contributory causes of importance: 34

Name of operation none. Date of .....
What test confirmed diagnosis? autopsy Was there an autopsy? yes

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? .....
If so, specify .....
(Signed) Henry J. Ulrich, M. D.
(Address) 5600 Arsenal

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