REC'D SEP 12 1938

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

791

27214
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 7228
(c) City St. Louis (d) Street No. ..... Barnes Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mack Stanton 353
(a) Residence, No. ..... St. NR Diamond - Mo. -
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 17/1882.

7. AGE: YEARS 55 | MONTHS 8 | DAYS 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Publisher
9. Industry or business in which work was done, as saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) 1935
11. Total time (years) spent in this occupation 30yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nashville, Tenn.

FATHER
13. NAME: Unk.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk. Unk.

MOTHER
15. MAIDEN NAME: Nancie Hall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk. Unk.

17. INFORMANT (ADDRESS): Jewell Stanton Diamond, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mound Valley, Kansas DATE Aug. 17/ 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Albert H. Hoppe, Inc. 429 N. Euclid, Ave.

20. FILED AUG 15 1938 J. D. Bickel Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 14th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1938, to Aug 14, 1938
I last saw him alive on Aug 14, 1938. Death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor - Malignant - Rt. Cerebral hemisphere	May 1937

Other contributory causes of importance: 58

Name of operation Craniotomy Date of 8/12/38
What test confirmed diagnosis? Operation 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) Leonard I. Tudor, M. D.
(Address) BARNES HOSPITAL

(Licensed Embalmer's Statement on Reverse Side)

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.

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 .....

Registered Apprentice No....., working under my personal supervision.

Signed J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

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 this body is not embalmed, above space should be left blank.