

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
OCT 16 1939
Registration District No. 984

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33579
Registrar's No. 1575

1. PLACE OF DEATH:
(a) County Saint Louis
(b) City or town Jefferson Barracks (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Bldg., Jeff. Bks., Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8-31-39 to 9-3-39
(Specify whether
In this community unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County --
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3422 Caroline Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. -- years.

3. (a) PRINT FULL NAME Michael J. STANLEY
8. (b) If veteran, name war World War 8. (c) Social Security No. --

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month September day 3
year 1939 hour 3 minute 15 A. M.
21. I hereby certify that I attended the deceased from 8-31-39
19--, to 9-3-39, 19--;
that I last saw him alive on Sept. 3, 1939
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased February 12, 1896
(Month) (Day) (Year)

Immediate cause of death Valvular Heart Disease, aortic insufficiency.
Duration Unkn.
Due to 34

8. AGE: Years 43 Months 6 Days 29 If less than one day hr. min.

Other conditions Syphilis, tertiary Unkn.
(Include pregnancy within 3 months of death)

9. Birthplace Saint Louis Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Chauffeur

Major findings:
Of operations No operation
Of autopsy No autopsy

MOTHER FATHER
11. Industry or business --
12. Name Stanley Michael
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mary McElroy
15. Birthplace Saint Louis, Missouri.
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) --
(b) Date of occurrence --
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury

16. (a) Informant's own signature C. W. Hughes, Chief Med. Officer
(b) Address Jefferson Barracks, Missouri.
17. (a) Burial (b) Date thereof 9/6/39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester
19. (a) SEP 5 1939 (b) C. W. Hughes
(Date received local registrar) (Registrar's signature)

23. Signature C. W. HUGHES, Chief Med. Officer
Address V.A., Jefferson Bks., Mo. Date signed 9-5-39

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

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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