

FB 12  
 WHILE PLAINLY USE UNFADING BLACK INK—MAKE 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.

Registration District No. 784

Primary Registration District No. 200

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town Wellston  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
6305 Chatham Avenue.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
years, months or days

8. (a) PRINT FULL NAME MAGGIE O. STAGNER. 375

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John H. Stagner. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 25, 1856.  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	84	0	16	hr. _____ min.

9. Birthplace ? Kentucky.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

12. Name Dont know.

13. Birthplace Dont know.  
(City, town, or county) (State or foreign country)

14. Maiden name Dont know.

15. Birthplace Dont know.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mr. Leslie Stagner.

(b) Address 10555 Hobday Ave.

17. (a) Burial (b) Date thereof 2-13-1940.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) FEB 12 1940 (b) T. R. Meyer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County St. Louis  
 (c) City or town Wellston  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 6305 Chatham Avenue.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10th.  
 year 1940 hour 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
 to \_\_\_\_\_  
 that I last saw her alive on Feb 10 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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 \_\_\_\_\_

23. Signature M. T. S. Sheets (M. D. or other) \_\_\_\_\_  
 Address 4300 W. 11th Date signed 2/12

Dr. J. E. Sheets.  
961 E. Franklin Ave.

4300 E. Broadway

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 9454

David C. Gibson Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 9454

P. O. Address 5966 Eastern Ave. St. Louis

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.