

7911

1003

10411

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Pacific Hospital  
(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

3. (a) PRINT FULL NAME William Archie Stout

3. (b) If veteran, name war No. 3. (c) Social Security N702-14-2801

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

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

7. Birth date of deceased May 25 1881  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>6</u>	<u>29</u>	hr. _____ min.

9. Birthplace Campbellburg Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Office Clerk

11. Industry or business Mo. Pacific R.R.

12. Name John K. Stout

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

14. Maiden name Sarah Louise McAlister

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

16. (a) Informant Scott M. Stout

(b) Address Montrose, Mo.

17. (a) Removal (b) Date thereof 12/19/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Appleton, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) DEC 18 1940 (b) W. Bredich  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. Claridge Hotel 21  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12 year 1940 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from Dec. 1, 1940, to Dec 12, 1940 that I last saw him alive on Dec. 12, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Uremia caused by old urethral stricture (not malignant)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: Of operations 136a

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 W. A. Conliffe (M. D. or other) \_\_\_\_\_  
Address Missouri Pacific Hosp. Date signed 12-17-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

NO MONT ROSE

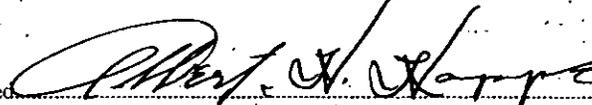
**STATEMENT BY LICENSED EMBALMER**

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. 1861

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, fact should be so stated above.**