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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20011

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 4823

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

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17
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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: 1944 Cherokee St.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 24 17 9
(If outside city or town limits, write "RURAL")

(d) Street No. 1944 Cherokee St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME JOSEPH STALLEY (STALA)

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Anna Stalley

6. (c) Age of husband or wife if alive years

7. Birth date of deceased August 12, 1863
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
77	9	26	hr. min.

9. Birthplace Czecho-Slovakia
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Joseph Stalley
13. Birthplace Czecho-Slovakia
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Barbara Cerny
15. Birthplace Czecho-Slovakia
(City, town, or county) (State or foreign country)

16. (a) Informant John Stalley
(b) Address 1944 Cherokee St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11-41
(Month) (Day) (Year)
(c) Place: burial or cremation Rock Creek, Mo.

18. (a) Signature of funeral director H. C. Maydell
(b) Address 1926 Allen Ave.

19. (a) Date received local registrar 10-1941 (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th
year 1941 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from May 24, to June 8th, 1941, to June 8th, 1941; that I last saw him alive on June 8 - 9 am., 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis slight from June 5th to June 8th and severe attack at 5-45 am.	3 days
Due to the cold & weaken state of body.	
Due to age - Rectal Disease - non malignant acute myocarditis following	
Other conditions heavy cold (Include pregnancy within 3 months of death)	
Major findings: Of operations no operation.	
Of autopsy not that I know.	

106a

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? ✓
(Specify type of place)
While at work? ✓ (e) Means of injury ✓

23. Signature M D Vosburgh (M. D. or other) 0
Address 1375 a Arlington Date signed June 9th 1941

(Licensed Embalmer's Statement on Reverse Side)

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 A. H. Janotty

Licensed Embalmer No. 4149

P. O. Address 1926 Allen

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.