

FILED APR 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9260
Registrar's No. 2722

Registration District No. 291

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day, 4 hrs. 15 min.
In this community 31 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 21 000
(c) City or town St. Louis, 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3050 Thomas
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Arthur Stanley

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2 Color or race Negro
6. (a) Single, widowed, married, divorced, widowed

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

7. Birth date of deceased March 23 1880
(Month) (Day) (Year)

8. AGE: Years 62 Months 2 Days If less than one day hr. min.

9. Birthplace unknown Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER { 12. Name Molty Stanley
13. Birthplace unknown unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Samella Stanley

(b) Address 4606 Cottage Avenue

17. (a) Burial (b) Date thereof 3/28/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Peoples Und. Co.

(b) Address 3100 Franklin Ave.

19. (a) MAR 26 1942 (b) J. F. Osedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1942 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 22, 1942 to March 23, 1942 that I last saw him alive on March 23, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Glomerular Nephritis with Uremia
Duration Unknown

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 J. W. Johnson (M. D. or other)

Address 2601 1/2 Whittier Date signed 3/25/42

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

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.....

Jessie G. Pettus

Licensed Embalmer No. *4184*

P. O. Address..... *718 No Compton*

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.