

LED JUN 25 1943 17
 Registration District No. _____

Primary Registration District No. 6676

Registrar's No. 1472

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Overland
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2430-Marion Avenue
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 years, months or days) 2 Months

3. (a) PRINT FULL NAME Robert Burch Stanfield
 3. (b) If veteran, name war World War #1 3. (c) Social Security No. ?

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Lucille 6. (c) Age of husband or wife if alive 44 years
 7. Birth date of deceased July 16 1895
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 11 7 hr. _____ min.

9. Birthplace Rhomb Texas
 (City, town, or county) (State or foreign country)

10. Usual occupation Electrician

11. Industry or business Curtis-Wright Corp.

12. Name Robert W. Stanfield

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

14. Maiden name Mary E. Gardner

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

16. (a) Informant Lucille Stanfield

(b) Address 130-Bourke St-Macon, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-25-43
 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Blumman Proprietor

(b) Address 2504-Woodson Rd-Overland, Mo.

19. (a) JUN 25 1943 (Date received local registrar) (b) E. M. Mc. Harraway (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Macon
 (c) City or town Macon
 (If outside city or town limits, write "RURAL")
 (d) Street No. 130-Bourke St.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
 year 1943 hour 11:30 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes. Duration _____

Due to Coronary occlusion.

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy Yes. 9/4/43

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 3

Signature Louis H. Boyd (M. D. or other) _____
 Address Kirkwood, Mo. 6-24-43 Date signed _____

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

FATHER {
 MOTHER {

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

JUL 12 1938

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..... *Oscar F. Mueller*

Licensed Embalmer No. *3039*

P. O. Address: *Overland Mo*

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.