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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35337
Registrar's No. 2425

NOV 6 1943
Registration District No. 317

Primary Registration District No. 3069

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

1. PLACE OF DEATH:

(a) County St. Louis County Mo.

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

(c) Name of hospital or institution: St. Marys Hospital (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)

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town _____ (If outside city or town limits, write "RURAL")

(d) Street No. 5711 Murdock ave (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CARL STANZE.

3. (b) If veteran, name war No 3. (c) Social Security No. _____

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

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

7. Birth date of deceased May 5th 1881 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>5</u>	<u>0</u>	_____ hr. _____ min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Painter Foreman

11. Industry or business Ford Motor Co.

12. Name Joseph Stanze

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

14. Maiden name Anna Langeloth

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

16. (a) Informant Mrs George Stuart

(b) Address 5711 Murdock ave

17. (a) Burial (Burial, cremation, or removal) Calvary Cem. (b) Date thereof 11/2/43 (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director SULLIVAN. BRO'S

(b) Address 2849 N. Euclid ave.

19. (a) NOV 1 1943 (Date received local registrar) (b) E. G. Mc Gowan, Jr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30th year 1943 hour 1 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Sept 6 to Oct 30 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Hyper tension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy none

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)
Means of injury _____
23. Signature [Signature] (Type or print name)
Address 1044 N. West 30th St

Duration 6 yrs 5 mos
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Dr. J. L. Wade. 10^{am} Sunday - Pittsburg, Mo

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 Albert Mayfield
Licensed Embalmer No. 3077
P. O. Address Pittsburg 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.