

FILED NOV 10 1944

318

Primary Registration District No. 1003

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution St. Johns Hospital  
(d) Length of stay: In hospital or institution 13 days  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME J. A. Stancil

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 493-05-192

4. Sex male 5. Color or race white 6. (a) Single, widowed, married 3 divorced divorced

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

7. Birth date of deceased June 14 1878  
(Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Pacific (City, town, or county) mo (State or foreign country)

10. Usual occupation Engineer

11. Industry or business Union Electric Co of mo.

12. Name John Stancil

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

14. Maiden name Muriel Adeline Heaton

15. Birthplace Charlotte (City, town, or county) N. Carolina (State or foreign country)

16. (a) Informant James Stancil

(b) Address Festus mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-31-44 (Month) (Day) (Year)

(c) Place: burial or cremation Bismarck mo

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

(b) Address Festus mo.

19. (a) OCT 31 1944 (Date received local registrar) J. F. Budeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson  
(c) City or town Rural  
(d) Street No. R.R. #2 Festus N.B.  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10/28/44 day \_\_\_\_\_  
year 1944 hour 5 minute 30 P. M.  
21. I hereby certify that I attended the deceased from 10/28/44  
\_\_\_\_\_ 19 \_\_\_\_\_ to 10/28/44 \_\_\_\_\_ 19 \_\_\_\_\_  
that I last saw him alive on 10/28/44 \_\_\_\_\_ 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Perforated gastric ulcer 12 days  
Chronic hypertensive 6 days

Due to \_\_\_\_\_  
Due to 117  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Perforated gastric ulcer  
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 5  
23. Signature J. F. Budeck (M. D. or other) \_\_\_\_\_  
Address Humboldt Rd Date signed 10/28/44

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

no  
17  
9

MOTHER FATHER

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

2826

2826

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**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 *Clean Province*.....

Licensed Embalmer No. 3403.....

P. O. Address *Sextus 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.**