

FILED NOV 1 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9007

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
Crown and dead St Phillips
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 3 22 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____

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

(d) Street No. 2714 Chouteau
(If rural, give location)

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

3. (a) PRINT FULL NAME LEVIA STANDLEY

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19
year 1944 hour 10.20 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race COL 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife FRANCIS STANDLEY 6. (c) Age of husband or wife if alive 40 yrs

7. Birth date of deceased JULY 4 1899
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis.

Due to _____

Due to _____

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

8. AGE: Years 50 Months 3 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Arberdeen Miss
(City, town, or county) (State or foreign country)

10. Usual occupation Confectionery Store

11. Industry or business owner

12. Name not known

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

14. Maiden name not known

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Stappia Standley

(b) Address Dublin Ia

17. (a) Burial (b) Date thereof 10-25-44
(burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Crm.

18. (a) Signature of funeral director J. H. Hapner

(b) Address 2769 Chouteau

19. (a) OCT 24 1944 (b) _____
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 3

23. Signature James J. P. Hapner (M. D. or other) bona
Address 1300 6th St Date signed 10/23/44

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..... *J. J. Watson*

Licensed Embalmer No. *2698*

P. O. Address *2769 Chouteau*

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.