

FILED NOV 30 1948
518

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

36464
State File No. _____
9917
Registrar's No. _____

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(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. Luke's Hospital
(If not in hospital or institution, write street number or location) U
(d) Length of stay: in hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Sam Little Stigall

3. (b) If veteran, name war No. 3. (c) Social Security No. 491-12-9018

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

6. (b) Name of husband or wife Emma K. Mathieson Stigall 6. (c) Age of husband or wife if _____ years 61

7. Birth date of deceased July 26, 1869
(Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 25 If less than one day hr. _____ min. _____

9. Birthplace Carthage, Illinois 1 (City, town, or county) (State or foreign country)

10. Usual occupation Printer

11. Industry or business St. Louis Post-Dispatch

12. Name Stigall

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

14. Maiden name Mira Little

15. Birthplace Carthage, Illinois 1 (City, town, or county) (State or foreign country)

16. (a) Informant Emma K. Stigall

(b) Address 2001 Bellvue Avenue.

17. (a) Burial (b) Date thereof 11/23/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) NOV 22 1948 (b) J. Y. Budick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Richmond Heights (If outside city or town limits, write "RURAL") NVR
(d) Street No. 2001 Bellvue Avenue 3
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21
year 1944 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from Sep. 14 1941 to Nov. 21 1944.
that I last saw him alive on Nov. 20 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach Duration 3 yrs

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Confirmed

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) (c) Means of injury _____

23. Signature H. G. Newman (M. D. or other) M. D.

Address Bedmont Building Date signed 11/21/44

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

MOTHER FATHER

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.....

Licensed Embalmer No. 1994.....

P. O. Address.....

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.