

S. No. 2
OM-2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 2 1945
318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

32121
State File No. _____
Registrar's No. 9268

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:
3643 Washington Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County aaa
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 1917
(d) Street No. 3643 Washington Ave.
(If rural, give location) 9
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME HARRY X. STINSON
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna F. 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Aug. 9, 1875
(Month) (Day) (Year)
8. AGE: Years 70 Months 2 Days 16 If less than one day _____
hr. _____ min. _____

9. Birthplace _____ Penn.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Salesman

11. Industry or business _____
12. Name John Stinson
13. Birthplace Canada
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Malone
15. Birthplace Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Stinson
(b) Address 3643 Washington Ave. St. L. Mo.

17. (a) burial (b) Date thereof Oct. 29, 45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Kansas

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Ave. Maplewood, Mo.

19. (a) OCT 26 1945 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25 year 1945 hour 10:30 minute 9 M.
21. I hereby certify that I attended the deceased from Sept 19 to Oct 25 19 45
that I last saw him alive on Oct 25 19 45
and that death occurred on the date and hour stated above.

Immediate cause of death _____
chronic myocarditis
Due to _____
Due to _____

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

Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
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 at 26
23. Signature J. H. Camp (M. D. or other) _____
Address 4503 Washington Date signed _____

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

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9

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 3454

Registered Apprentice No. _____

working under my personal supervision.

Signed

David E. Gibson

Licensed Embalmer No. 3454

P. O. Address. 7456 Manchester

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.