

No. 2
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5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39833**

FILED JAN 12 1945
318

Registration District No. **318**
Primary Registration District No. **1003**

Registrar's No. **11566**

1. PLACE OF DEATH:

(a) County Stedman
(b) City or town Stedman
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Stedman Inf. D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community 7 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill (b) County Madison
(c) City or town Venice 11
(If outside city or town limits, write "RURAL") N/R
(d) Street No. 210 Hoover Road
(If rural, give location)
(e) Citizen of foreign country? ? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DAN STINSON

3. (b) If veteran, name war none 3. (c) Social Security No. 427-30-2736

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife EVA STINSON 6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased April 20 1892
(Month) (Day) (Year)

8. AGE: Years 53 Months 8 Days 8 If less than one day _____ hr. _____ min.

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

MOTHER FATHER

10. Usual occupation Laborer
11. Industry or business American Steel Fdy.
12. Name Robert Stinson
13. Birthplace Holly Springs Miss.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jones
15. Birthplace Holly Springs Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Eva Stinson
(b) Address Venice Ill

17. (a) Removal (b) Date thereof Dec 29 '45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eastlawn Ill

18. (a) Signature of funeral director J. P. W. ...
(b) Address 2205 ... Venice Ill

19. (a) DEC 29 1945 (b) J. J. Brebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28
year 1945 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 20 1945 to Dec 28 1945
that I last saw him alive on Dec 28 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation of Heart

Due to 95 3 15 Day

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

Major findings: _____
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)
(2) Means of injury 0

23. Signature J. J. Brebeck (M. D.) _____
Address Venice Ill Date signed 12/28/45

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed Ben. N. Baldurri

Licensed Embalmer No. 2470

P. O. Address St. Louis Ill.

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.