S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36543

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 2271

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

1. PLACE OF DEATH:
(a) County SAINT LOUIS:
(b) City or town RICHMOND HEIGHTS: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: SAINT MARY HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether In this community LIFE years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI: (b) County SAINT LOUIS: 96
(c) City or town CLAYTON: (If outside city or town limits, write "RURAL") 2
(d) Street No. 42 BROADVIEW DRIVE (If rural, give location) 3
(e) Citizen of foreign country? NO. (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME DALE STURGEON STANZA
3. (b) If veteran, name war ---------- 3. (c) Social Security No. ----------
4. Sex MALE 0 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE 0
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased JULY (Month) 1st (Day) 1944 (Year)

8. AGE: Years	Months	Days	If less than one day
3	3	24	hr. min.

9. Birthplace SAINT LOUIS (City, town, or county) MISSOURI. (State or foreign country) 0
10. Usual occupation INFANT
11. Industry or business
FATHER
12. Name DALE GORDON STANZA
13. Birthplace SAINT LOUIS (City, town, or county) MISSOURI. (State or foreign country) 0
MOTHER
14. Maiden name MARY FRANCES WILLERT
15. Birthplace New Orleans, (City, town, or county) Louisiana. (State or foreign country) 1
16. (a) Informant A. W. WILLERT
(b) Address 42 BROADVIEW DRIVE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10/28/47 (Month) (Day) (Year)
(c) Place: burial or cremation OAK GROVE CEMETERY
18. (a) Signature of funeral director C. R. LUPTON & SONS
(b) Address 7233 DELMAR BLVD
19. (a) 10-30-47 (Date received local registrar) (b) Cecil A. Thorpe (Registrar's signature) RSC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25 year 1947 hour 10 minute P.M.
21. I hereby certify that I attended the deceased from 8-1 1947 to 10-25 1947 that I last saw him alive on 10-25 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute cardiac failure	
Due to nephrosis	
Due to 133	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Peter G. Dennis (M. D. ~~or other~~)
Address 6340 Grand Date signed 10-26-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

JAN 28 1948

[redacted]

96-5055

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 Harold C. Kilke, Registered Apprentice No. 4, working under my personal supervision.

Signed Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, 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.