S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 29 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40420

Registration District No. 317 | Primary Registration District No. 3069 | Registrar's No. 2448

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Weeks (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Richmond Heights, Missouri 8
(If outside city or town limits, write "RURAL")
(d) Street No. 6671a Berthold Ave. 3
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Roy L. Courtney
3. (b) If veteran, name war no
3. (c) Social Security No. 496-18-1599
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rose Courtney
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. (Month) 9. (Day) 1884 (Year)

8. AGE:

Years	Months	Days	If less than one day
62	11	17	hr. min.

9. Birthplace Washington, Ind. (City, town, or county) (State or foreign country) 1
10. Usual occupation Salesman
11. Industry or business
FATHER
12. Name Levi Courtney
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Francis Mumaw
15. Birthplace Ind. (City, town, or county) (State or foreign country) 1
16. (a) Informant Rose Courtney
(b) Address 6671a Berthold Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-28-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Rd.
19. (a) 11-28-47 (Date received local registrar) (b) Earl G. Shay MD (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26 year 1947 hour 5:20 A.M. minute M.
21. I hereby certify that I attended the deceased from 11-15-47, 19, to 11-26, 1947; that I last saw him alive on 11-25, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Peritonitis	4 days
Due to P.O. Gastric Resection for Carcinoma Stomach	?
Due to 46 b	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Carcinoma of Stomach
Of autopsy above

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 Thomas M Martin (M. D. or other)
Address 634 No Grand Date signed 11/26/47

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

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. E. Burgess

Licensed Embalmer No. 4029

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.