S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43871

FILED DEC 22 1947

Registration District No. 17 — Primary Registration District No. 6076 — Registrar's No. 2601

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Jefferson Barracks, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 mos. 15 Days (Specify whether years, months or days)
In this community 10 mos. 15 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Illinois (b) County: Adams
(c) City or town: Quincy, Illinois (If outside city or town limits, write "RURAL")
(d) Street No.: Illinois Soldiers & Sailors Home (If rural, give location)
(e) Citizen of foreign country? - - (Yes or No)
If yes, name country - -

3. (a) PRINT FULL NAME: STOUT, William F.
3. (b) If veteran, name war: WW-1
3. (c) Social Security No.: 340-18-7373
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: - -
6. (c) Age of husband or wife if alive: - years
7. Birth date of deceased: February (Month) 28 (Day) 1890 (Year)

8. AGE: Years 57 | Months 9 | Days 16 | If less than one day ... hr. ... min.
9. Birthplace: Olney, Illinois (City, town, or county) (State or foreign country)
10. Usual occupation: Unemployed
11. Industry or business: - -
MOTHER FATHER
12. Name: John W. Stout
13. Birthplace: - Ireland (City, town, or county) (State or foreign country)
14. Maiden name: Maggie Melrose
15. Birthplace: - Illinois (City, town, or county) (State or foreign country)
16. (a) Informant: Registrar
(b) Address: V.A.Hosp. Jeff. Brks. Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Dec 18, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Quincy, Ill.
18. (a) Signature of funeral director: C. Hoffmeister U&L Co.
(b) Address: 7814 S. Bdwy. St. Louis, Mo.
19. (a) 12-17-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 14 year 1947 hour 1:20 minute P.M.
21. I hereby certify that I attended the deceased from January 29, 1947, to December 14, 1947; that I last saw him alive on December 14, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
ACUTE SUPPURATIVE PERITONITIS FROM PERFORATION OF CECUM	Unk.
Contributary cause: - EXFOLIATIVE DERMATITIS CACHEXIA	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy: Autopsy performed (See cause of death)

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): None
(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: -
23. Signature: L. E. Stilwell (M. D. or other)
Address: Jefferson Barracks, Mo. Date signed

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.