FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21623

FILED JUL 6 1948

Registration District No. 487

Primary Registration District No. 3070

Registrar's No. 1489

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Webster Groves (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 144 S. Rock Hill Rd. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community 3 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Webster Groves (If outside city or town limits, write "RURAL")

(d) Street No. 144 S. Rock Hill Road (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

96 7 4 0

3. (a) PRINT FULL NAME Joyce Clennam Stearns.

3. (b) If veteran, name war World War I

3. (c) Social Security No. no

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gertrude Fisk Stearns

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased June (Month) 23 (Day) 1893 (Year)

8. AGE: Years 54 Months 11 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace Meadville, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Dean of Faculty

11. Industry or business Washington University

FATHER

12. Name Walter E. Stearns

13. Birthplace Meadville, Mo. (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name Elizabeth Hallenberg

15. Birthplace Meadville, Mo (City, town, or county) (State or foreign country)

16. (a) Informant Gertrude Fisk Stearns

(b) Address 144 S. Rock Hill Road.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 6-14-48 (Month) (Day) (Year)

(c) Place: burial or cremation OAK Grove Crematory

18. (a) Signature of funeral director C. R. Loupton + Sons

(b) Address 7233 Delmar Blvd.

19. (a) 6-14-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 1948 hour 12 — minute 50 P.M.

21. I hereby certify that I attended the deceased from July 23, 1947, to ~~[illegible]~~ June 11 1948; that I last saw h.. alive on June 9, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of the Rectum with metastases; Uremia due to same.

Due to .....

Due to 46d

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations .....

Of autopsy .....

Duration

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 .....

23. Signature Robert Joy Glaser, M.D. (M. D. or other)

Address Barnes Hospital Date signed 6/11/48

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.