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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JAN 10 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

974

State File No.

Registration District No.

Primary Registration District No. 2000

Registrar's No. 1141

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
O'Reilly VA Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 Months
(Specify whether years, months or days)
In this community 4 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 13
(c) City or town St. Louis 18
(If outside city or town limits, write "RURAL")
(d) Street No. 175 St. George St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3: (a) PRINT FULL NAME Howard D. Stanley

3. (b) If veteran, name war WW I

3. (c) Social Security No. 486-14-2711

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Verdie Stanley

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased March 25, 1893
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>55</u>	<u>10</u>	<u>8</u>	<u>19</u> hr. <u> </u> min.

9. Birthplace Campbell, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Radio Technician

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant VA Records

(b) Address O'Reilly VAH, Springfield, Mo.

17. (a) Removal (b) Date thereof 1/4/49
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Missouri

18. (a) Signature of funeral director Gorman-Scharpf Funeral Home
(b) Address Springfield, Missouri

19. (a) 1-3-49 (b) W.S. Stanley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 2
year 1949 hour 7 minute - - P.M.

21. I hereby certify that I attended the deceased from Sept. 3, 1948 to January 2, 1949
that I last saw him alive on January 2, 1949
and that death occurred on the date and hour stated above.

Immediate cause of death Subacute nephritis, Malignancy, right lung with erosion of 5th thoracic vertebra, Chronic verrucous vegetative endocarditis of mitral and aortic valves, Chronic fibrous adhesive pachymeningitis, luetic.
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 542
Of autopsy As above

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Paul L. Eisele (Specify type of place) MD
Address Paul L. Eisele, MD Clinician, P.O. Box 1141, Springfield, Mo.
Date signed 1/2/49

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

MAR 24 1949

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.....

Ebenezer D. Heister

Registered Apprentice No. *291*

working under my personal supervision.

Signed *L. Deane Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield, 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.