

FILED JUL 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21722

State File No. _____

BIRTH NO. 39129-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5519

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo		b. COUNTY St. Louis <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 14 hours		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Children's Hospital		d. STREET ADDRESS (If rural, give location) 25308 South Maple		17 9	
3. NAME OF DECEASED (Type or Print) a. (First) Stephen		b. (Middle) Craig		c. (Last) Stanley	
4. DATE OF DEATH (Month) (Day) (Year) 6 27 49		5. SEX male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 5-25-49		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min. 1 12	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Larry Stanley		13b. MOTHER'S MAIDEN NAME Dorothy Huddleston	
14. NAME OF HUSBAND OR WIFE Larry Stanley, 5308s Maple Ave.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	

17. INFORMANT'S SIGNATURE OR NAME Larry Stanley, 5308s Maple Ave.		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>adrenal insufficiency</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 157th	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 7.591	

22. I hereby certify that I attended the deceased from 6-26, 1949, to 6-27, 1949, that I last saw the deceased alive on 6-27, 1949, and that death occurred at 4:35 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. G. Klingberg MD</u> (Degree or title)		23b. ADDRESS 500 S. Kingshighway		23c. DATE SIGNED 6/27/49	
24a. BIRTH, CREMATION, REMOVAL (Specify) Removal		24b. DATE <u>July 4-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	
24d. LOCATION (City, town, or county) (State) <u>Twiss Falls, Indiana</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. W. Clark</u>		24f. ADDRESS 1125 Hodiament Ave.	

DATE REC'D BY LOCAL REG. JUN 27 1949		REGISTRAR'S SIGNATURE <u>J. P. Baseler</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. W. Clark</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

