

FILED JUL 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25314**
6107

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 35 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2199		
d. FULL NAME OF DECEASED (If in hospital or institution, give street address or location) Birchette to Homer Phillips Hosp				e. STREET ADDRESS (If rural, give location) 4066 Enright Avenue				
3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) _____ c. (Last) Stinson			4. DATE OF DEATH (Month) (Day) (Year) 7/11/50					
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH abt - 58		
9. AGE (In years last birthday) _____		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur			10b. KIND OF BUSINESS OR INDUSTRY Herker t-Meisels			11. BIRTHPLACE (State or foreign country) Carrollton, Alabama		
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Frederick Stinson		13b. MOTHER'S MAIDEN NAME Lula Baker		14. NAME OF HUSBAND OR WIFE Jessie Stinson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. 492-10-2251		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jessie Stinson, 4066 Enright Ave				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Mitral Regurgitation DUE TO (c) Pulmonary Embolism 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) _____				
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? H/O X				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:46 P. m., from the causes and on the date stated above.								
23a. SIGNATURE (Deputy or title) Chas. J. Gates, Deputy Comm.				23b. ADDRESS 1300 Clark Avenue		23c. DATE SIGNED 7/13/50		
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE 7-17-50		24c. NAME OF CEMETERY OR CREMATORY Washington Pl - St Louis Co Mo		24d. LOCATION (City, town, or county) (State) St Louis Co Mo		
DATE REC'D BY LOCAL REG. JUL 15 1950		REGISTRAR'S SIGNATURE J. D. Kessler			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas. J. Gates, 4107 Finney Ave			

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

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Nov. 18

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.....

....., Student Embalmer No. 377

working under my personal supervision.

Student

Henry F. Draper
Student Embalmer

Signed

John K. Cunningham
Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

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.