No. 300
10-48

FILED AUG 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28695

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7108

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Alexian Brothers Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, 2059
d. STREET ADDRESS (If rural, give location): 5168 Raymond 0

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): Wesley
c. (Last): STALEY

4. DATE OF DEATH (Month) (Day) (Year): August 20 1950

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: APRIL 6, 1887 March-6-1888

9. AGE (In years last birthday): 63 62 — If under 1 year: Months 5, Days 16 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Driving Trucking

10b. KIND OF BUSINESS OR INDUSTRY: Emerson Elec Mfg Co.

11. BIRTHPLACE (State or foreign country): South Dakota

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: George Staley

13b. MOTHER'S MAIDEN NAME: Laura Richardson

14. NAME OF HUSBAND OR WIFE: Margaret Staley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 496-14-2685

17. INFORMANT'S SIGNATURE OR NAME: Ray G. Staley, R.R.1, Box854 — ADDRESS: Glencoe, Mo. Castlewood, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Hypertensive Heart Disease with Myocardial Degeneration and — INTERVAL BETWEEN ONSET AND DEATH: 4 years

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Congestive Type Cardiac Failure
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Asthma Bronchial — 20 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

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): 443 X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* Aug-16, 1950, *to* Aug-20, 1950 *that I last saw the deceased alive on* Aug-20, 1950, *and that death occurred at* 9:30 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Thomas A. Wayland (Degree or title) MD

23b. ADDRESS: 3201 S. Grand St. Louis, Mo.

23c. DATE SIGNED: Aug-20-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0

24b. DATE: 8/23/50

24c. NAME OF CEMETERY OR CREMATORY: Calvary Cem.

24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG. AUG 22 1950

REGISTRAR'S SIGNATURE: J. B. Lasater

25. FUNERAL DIRECTOR'S SIGNATURE: Chas F. Stuart — ADDRESS: 1225 Union

(Licensed Embalmer's Statement on Reverse Side)

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

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. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

C

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. 28695-50

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 7108

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death for John Wesley Staley, died ~~xxxx~~ 8-20-1950, 19....., in the State of Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 8 should read April 6 1887
Instead of March 6 1888
Item No. 9 should read 63 4 14
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
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Instead of .....
Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Chas. F. Stuart Fun. dir.
Relationship.

1225 N. Union
Present Address.

Subscribed and sworn to before me this 13 day of Oct., 1950

My Commission expires 3-4-53

Ella C. Paddock
Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

m V. S. 135
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