

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31875

State File No.

FILED SEP 22 1951

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8047

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2059</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deaconess Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>610 N. Skinker</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u> b. (Middle) <u>P.</u> c. (Last) <u>Stanton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9</u> <u>9</u> <u>51</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>9 26 1891</u>	9. AGE (In years last birthday): <u>59</u>	IF UNDER 1 YEAR Months <u>11</u>	IF UNDER 24 HRS. Days <u>13</u>	IF UNDER 1 HR. Hours <u>13</u>	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Accountant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Ill. Central R.R.</u>	11. BIRTHPLACE (State or foreign country) <u>Pana Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>Ill.</u>
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13a. FATHER'S NAME <u>John Stanton</u>	13b. MOTHER'S MAIDEN NAME <u>Nora Gleason</u>	14. NAME OF HUSBAND OR WIFE <u>Lela Stanton</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Camilla Stanton</u>	ADDRESS <u>610 N. Skinker</u>
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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>HEART FAILURE</u>		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) <u>HYPERTENSIVE HARTEROSCLEROTIC HEART DISEASE</u>		
	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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>HHZ X</u>
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22. I hereby certify that I attended the deceased from AUG. 15, 1951, to SEPT. 9, 1951, that I last saw the deceased alive on SEPT. 9, 1951, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert E. Koch</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>35 N. CENTRAL, CLAYTON</u>	23c. DATE SIGNED <u>9/10/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 12, 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>SEP 11 1951</u>	REGISTRAR'S SIGNATURE <u>J. Calhoun Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. J. Smart</u>	ADDRESS <u>1225 Union</u>
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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 M. May*.....

Licensed Embalmer No. *3732*.....

P. O. Address *H. L. Lavin*.....

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.