No. 300
10-48

FILED DEC 8- 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38565

BIRTH NO. _____ REG. DIST. NO. 309 PRIMARY REG. DIST. NO. 6050 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY St Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) West Alton
c. LENGTH OF STAY (in this place) 50 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Main Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) West Alton 0920
d. STREET ADDRESS (If rural, give location) Main Street.

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) W. c. (Last) Stansbury

4. DATE OF DEATH (Month) (Day) (Year) Nov. 15 1951

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /
8. DATE OF BIRTH Oct 20 1876
9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail Messenger
10b. KIND OF BUSINESS OR INDUSTRY US Goverment
11. BIRTHPLACE (State or foreign country) Kansas. /
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Thomas Stansbury
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Minnie Stansbury

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Mrs Frank A. Eichorn ADDRESS W. Alton, 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) Ruptured Aneurism (Rt Carotid) — INTERVAL BETWEEN ONSET AND DEATH Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterial Hypertension
DUE TO (c) Sclerosis

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 452X
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)

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* 11-9- *19*51 *to* 11-14 *19*51, *that I last saw the deceased alive on* 11-14 *19*51, *and that death occurred at* 4:30 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) 0
23b. ADDRESS 8201 N Broadway St Louis
23c. DATE SIGNED 11-15-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial /
24b. DATE 11-17-51
24c. NAME OF CEMETERY OR CREMATORY Ebenezer
24d. LOCATION (City, town, or county) (State) West Alton, Illinois.

DATE REC'D BY LOCAL REG. Nov. 20 1951
REGISTRAR'S SIGNATURE [signature] 366
25. FUNERAL DIRECTOR'S SIGNATURE Ben F. Staten ADDRESS Alton, Ill.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

DEC 3 1951

DISTRICT HEALTH OFFICE No. 4

File No. .....

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.

Signed NO EMBALM

Signed .....
Student Embalmer

Licensed Embalmer No. .....

P. O. Address .....

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

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