

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3303**  
Registrar's No. **0681**

FILED FEB 2 1954

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2069</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4824a St. Louis Ave.</b>		d. STREET ADDRESS (If rural, give location) <b>4824a St. Louis Avenue</b> <b>0</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Moses</b> b. (Middle) <b>Stanley</b> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>1 19 1954</b>	
5. SEX <b>Male</b> <b>2</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>June 15, 1899</b>
9. AGE (In years last birthday) <b>54</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Apartment</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Unknown</b> <b>9</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Janitor</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>unknown</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Lillian Stanley</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <b>unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lillian Stanley - 4824a St. Louis Ave.</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Decompensation</b> ANTECEDENT CAUSES Aetiological conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Heart Disease</b> DUE TO (c) <b>Chronic Glomerulonephritis</b> 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 type="checkbox"/> NO <input checked="" 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>443x</b>	
22. I hereby certify that I attended the deceased from <b>Nov. 1, 1953</b> to <b>Jan. 19, 1954</b> , that I last saw the deceased alive on <b>Jan. 18, 1954</b> , and that death occurred at <b>1:40 P. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>W. M. Stanfield, Jr., M.D.</b>		23b. ADDRESS <b>4901a Easton, St. Louis 13th</b>	
23c. DATE SIGNED <b>1-20-54</b>			
24a. BURIAL, CREMATION REMOVAL (Specify)	24b. DATE <b>1/25/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE <b>JAN 22 1954</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Atkins Bros. Und. Co. 3644 Finney</b>		

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

*John K. Cunningham*

Licensed Embalmer No. *24476*

P. O. Address *4700 Hammett*

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.