

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6863

State File No.

BIRTH NO. FILED MAR 4 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0978

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, MISSOURI		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) DAVID		a. (First)		b. (Middle)	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sept. 28, 1877		9. AGE (In years last birthday) 76		10. MONTH (Day) (Year) OF DEATH JANUARY 29, 1954	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Janitor		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) / Belleville, Ill.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Albert Stoops		13b. MOTHER'S MAIDEN NAME Don't Know	
14. NAME OF HUSBAND OR WIFE Susan Stoops		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Al Stoops		17. ADDRESS 5084N. Union Blvd.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vasc. Accident		INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
DUE TO (b) Arter. NV. Disease		DUE TO (c) Congestive Failure			
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? 4200	
22. I hereby certify that I attended the deceased from 1-20, 1954, to 1-29, 1954, that I last saw the deceased alive on 1-29, 1954, and that death occurred at 11:55a.m., from the causes and on the date stated above.					
23a. SIGNATURE Phillip Cornum (Degree or title) M.D.		23b. ADDRESS 1515 Lafayette		23c. DATE SIGNED 1-29-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 1, 1954		24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cem.,	
24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		DATE REC'D BY LOCAL REG. FEB 1 1954		REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		W. Clark 1125 Hodiamont Ave.,			

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 266

P. O. Address 11257 Hodi...

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.