

FILED SEP 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32727
Registrar's No. 2182

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500

1. PLACE OF DEATH
a. COUNTY ST. LOUIS COUNTY
b. CITY (If outside corporate limits, write RURAL and give town) LEMAY Mo
c. LENGTH OF STAY (in this place) 4 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address of location) Box 86 POTTLE Av.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY St. Louis
c. CITY OR TOWN LEMAY d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) Box 86 POTTLE Av.

3. NAME OF DECEASED (Type or Print)
a. (First) ESTELLA b. (Middle) STANECK c. (Last) STANECK
4. DATE OF DEATH (Month) (Day) (Year) SEPT 14 1954

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE
8. DATE OF BIRTH SEPT 19 1892 9. AGE (In years last birthday) 61 10. UNDER 1 YEAR Months Days 11. UNDER 2 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SELF EMPLOYED
10b. KIND OF BUSINESS OR INDUSTRY ODD JOBS
11. BIRTHPLACE (City and State or Foreign Country) MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME CHARLES STANECK 13b. MOTHER'S MAIDEN NAME LOUISE VOGT 14. NAME OF HUSBAND OR WIFE NONE

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. NONE
17. INFORMANT'S SIGNATURE OR NAME ELMER STANECK ADDRESS LEMAY Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause of Stomach
ANTECEDENT CAUSES
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Anemia Secondary

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) 151X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 20 1954 to Aug 28 1954, that I last saw the deceased alive on Aug 28 1954, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Otto C. Hanson MD 23b. ADDRESS 3012 Lafayette 23c. DATE SIGNED 9/14/54

24a. DATE OF REMOVAL _____ 24b. DATE SEPT 17 1954 24c. NAME OF CEMETERY OR CREMATORY New St. MARCUS 24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo

DATE REC'D BY LOCAL REG. 9-15-54 REGISTRAR'S SIGNATURE Hubert R. Dwyer 25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis ADDRESS 2906 Beauvoir

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

2007

WORTH CO. A.M.

86603978

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 *Samuel C Hill*.....

Licensed Embalmer No. 434.....

P. O. Address 2916.....

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.