

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39573

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546 Registrar's No. 2684

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Overland</u>		c. CITY OR TOWN <u>Overland</u> <u>424</u>	
c. LENGTH OF STAY (in this place) <u>16 yrs.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>3 Meadowview Dr.</u>		STREET ADDRESS (If rural, give location) <u>9833 Meadowview Drive</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Stella</u>		b. (Middle)		c. (Last) <u>Staanken</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 19 1954</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 6 1884</u>	
9. AGE (In years, month, day) <u>70</u>		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) <u>Cosmetic worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cosmetics</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>William Kelly</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Carrick</u>		14. NAME OF HUSBAND OR WIFE <u>Albert Staanken deceased</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>Albert Staanken Jr.</u> ADDRESS <u>4333 Hobart</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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION - DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mitro Stenosis</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 type="checkbox"/> NO <input type="checkbox"/> <u>410X</u>	
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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)	
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?	

22. I hereby certify that I attended the deceased from Nov 5, 1954, to Nov. 19, 1954, that I last saw the deceased alive on Nov. 19, 1954, and that death occurred at 8:15 A.M. from the causes and on the date stated above.

23a. SIGNATURE <u>D. Fowler</u> (Degree or title)		23b. ADDRESS <u>2004 No. Broadway</u>		23c. DATE SIGNED <u>11/19/54</u>	
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REMOVAL		24b. DATE <u>11/22/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>11-19-54</u>		REGISTRAR'S SIGNATURE <u>Hubert P. Donke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sullivan's 2849 N. Euclid Ave.</u>	
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S 20 (Licensed Embalmer's Statement on Reverse Side)

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

Dr. Fowler
5004 Jis Bway.
Ca. 1.0818 -

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 *Albert Mayfield*

Licensed Embalmer No. *30*

P. O. Address *Al Lou*

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.