

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35200

State File No.

FILED NOV 15 1955

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9343**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis, Missouri		c. LENGTH OF STAY (In this place) 3-days	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 12 4954 Washington Blvd. 2/2/50	

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) H c. (Last) Stineciper			4. DATE OF DEATH (Month) (Day) (Year) October 24, 1955		
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH Jan. 27, 1894	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months 8 Days 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oiler-Busch Brewery		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME William Stineciper		13b. MOTHER'S MAIDEN NAME Ollie Yates		14. NAME OF HUSBAND OR WIFE Mrs. Mildred Stineciper	
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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) Yes World War # 1		16. SOCIAL SECURITY NO. 486-16-1216		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mildred Stineciper, 4954 Washington Blvd	
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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) Aspiration of gastric contents			INTERVAL BETWEEN ONSET AND DEATH 5 hours
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Laennec's Cirrhosis			10 Yrs.
		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 581.1		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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) m.		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 **10/22**, 19 **55**, to **10/24**, 19 **55**, that I last saw the deceased alive on **10/24**, 19 **55**, and that death occurred at **1:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) FR Bradley M. D.		23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 10/25/55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 27, 1955		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
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DATE REC'D BY LOCAL REG. OCT 26 1955		REGISTRAR'S SIGNATURE <i>[Signature]</i>		FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		ADDRESS 3846 [Address]	
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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.....
Francis William

Licensed Embalmer No. *356*

P. O. Address *3840 E*

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.