No. 300
10-48

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

FILED JAN 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3107

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5962 S. Cuba Court

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 5962 S. Cuba Court

3. NAME OF DECEASED (Type or Print): a. (First) Homer b. (Middle) Daniel c. (Last) Stanley

4. DATE OF DEATH (Month) 1 (Day) 9 (Year) 57

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married **8. DATE OF BIRTH** June 24. 1899 **9. AGE** (In years last birthday) 57 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): Supervisor
10b. KIND OF BUSINESS OR INDUSTRY: Post Office
11. BIRTHPLACE (City and State or Foreign Country): Guthrie, Okla.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Robt. Parks Stanley
13b. MOTHER'S MAIDEN NAME: Myrtle Unknown
14. NAME OF HUSBAND OR WIFE: Gertrude Stanley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W. I
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Mrs. Gertrude Stanley, **ADDRESS** 5962 S. Cuba St.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: ____

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary thrombosis — 3 hours
DUE TO (c) Arteriosclerotic heart disease — 16 months

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 420.0
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) ____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ____ m.
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* August, 1955, *to* January 9, 1957 *that I last saw the deceased alive on* January 6, 1957, *and that death occurred at* 5:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE John T. Lawton (Degree or title) M.D.
23b. ADDRESS 539 N. Grand Blvd.
23c. DATE SIGNED Jan. 11, 1957

24a. BURIAL, CREMATION, REMOVAL (Specify) removal
24b. DATE 1/12/57
24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.
24d. LOCATION (City, town, or county) St. Louis County (State) Mo.

DATE REC'D BY LOCAL REG. JAN 11 '57
REGISTRAR'S SIGNATURE J. Carl Smith M.D. MJB
25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral **ADDRESS** 1905 Union

(Licensed Embalmer's Statement on Reverse Side)

Dr. John Lawton
Humboldt Bldg.
Je. 1-1255
Hrs. 1 - 6 PM Frl.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Albert R. Thompson Jr.

Licensed Embalmer No. 4237

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.