

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038263
STATE FILE NUMBER
8263

SL-6110
XC-1 842 158
DIED OCT 17 1958
Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8263

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE ILLINOIS b. COUNTY ST. CLAIR			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN E. ST. LOUIS 528	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 N. GRAND AVE.		Length of stay in 1b 17 DAYS		d. STREET ADDRESS (If outside, give location) 1300 TRENDLEY AVE.	
3. NAME OF DECEASED (Type or print) First Middle Last ROBERT STINGER			4. DATE OF DEATH Month Day Year 8/25/58		
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2/7/96	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) LAKE PROVIDENCE, IA. /	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME ROBERT STINGER		13b. MOTHER'S MAIDEN NAME NETTIE TAYLOR	
14. NAME OF HUSBAND OR WIFE JULIA STINGER		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES WW-11		16. SOCIAL SECURITY NO.	
17. INFORMANT Address VAH, 915 NO. GRAND AVE., ST. LOUIS, MO.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MULTIPLE MYELOMA Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) 203x PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) BRONCHO PNEUMONIA		INTERVAL BETWEEN ONSET AND DEATH 3 Years	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> NONE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION VA		COUNTY STATE	
21. I attended the deceased from Death occurred at 8:45 AM		8/8/58		to 8/25/58 and last saw him alive on 8/25/58	
22a. SIGNATURE CHARLES G. CRIGGLER Charles G. Crigler M.D.		22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 8/25/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 8/28/58		23c. NAME OF CEMETERY OR CREMATORY National	
23d. LOCATION (City, town, or county) Jefferson Barracks, Mo.		24. FUNERAL DIRECTOR P. A. Crigler 1036 Tudor Ave. East St. Louis, Ill.		25. DATE RECD. BY LOCAL REG. AUG 26 '58	
26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.		(Licensed Embalmer's Statement on Reverse Side)			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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

(not embalmed)
Signed *P. J. Criggler*

Licensed Embalmer No. *3346*

P. O. Address *1036 Gordon Ave.*

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.