

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046605

STATE FILE NUMBER

FILED JAN 12 1959

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3433

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLAYTON</u> | | c. CITY OR TOWN <u>Robertson 4000</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis Co. Hosp</u> | | d. STREET ADDRESS (If outside, give location) <u>WOODLAND BL</u> | |
| Length of stay in lb <u>29 DAYS</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>J</u> Last <u>Stallion</u> | | | 4. DATE OF DEATH Month <u>12</u> Day <u>26</u> Year <u>58</u> |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>C</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>MAR. 5. 1913</u> |
| 9. AGE (In years last birthday) <u>45</u> | | IF UNDER 1 YEAR Months <u>9</u> Days <u>12</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRUCK DRIVER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Hauling</u> | 11. BIRTHPLACE (City and state or country) <u>Peasmark Tenn 1</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Tom Stallion</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>M. Borrow.</u> | | 14. NAME OF HUSBAND OR WIFE <u>NONE</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>WAR 2</u> | | 16. SOCIAL SECURITY NO. <u>unknown</u> | 17. INFORMANT Address <u>Rosie B. Walker Robertson, Mo</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hepatic coma</u> DUE TO (b) <u>Portal cirrhosis</u> DUE TO (c) <u>5810</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I, (a) <u>Post-operative condition (Porta-caval shunt)</u> | | | INTERVAL BETWEEN ONSET AND DEATH |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" 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 <u></u> Month, Day, Year a.m. <u></u> p.m. <u></u> | 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 COUNTY STATE | | |
| 21. I attended the deceased from <u>11-27-58</u> to <u>12-26-58</u> and last saw her/him alive on <u>12-26-58</u> Death occurred at <u>12:20</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Vincent J. Frederick MD</u> | | 22b. ADDRESS <u>601 So. Brentwood</u> | 22c. DATE SIGNED <u>12-27-58</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>12-31-58</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Jefferson Barracks</u> | 23d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Ernest H. Hinkle Robertson Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>12-30-58</u> | 26. REGISTRAR'S SIGNATURE <u>Herbert P. Dombke M.D.</u> |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MP

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 *Heard J. Yandel*

Licensed Embalmer No. *4243*
P. O. Address *130 Eldred
White Plains*

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.