

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-044245**

**FILED VS NOV 28 1960 318**

**1003**

**11196**

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

NEED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St Louis, Mo.</i>		a. STATE <i>Missouri</i> COUNTY	
Length of stay in 1b <i>6 Days</i>		c. CITY OR TOWN <i>St. Louis</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Missouri Pacific</i>		d. STREET ADDRESS (If outside, give location) <i>3952 Botanical</i>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <i>William R. Stanfill</i>			4. DATE OF DEATH Month Day Year <i>11-20-60</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>3-19-1891</i>	9. AGE (last birthday) <i>69</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Meat Cutter</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>American Packing Co</i>		11. BIRTHPLACE (City and state or country) <i>Tennessee</i>	
12. CITIZEN OF WHAT COUNTRY <i>U.S.</i>		13a. FATHER'S NAME <i>James Stanfill</i>		13b. MOTHER'S MAIDEN NAME <i>Elizabeth Kincannon</i>	
14. NAME OF HUSBAND OR WIFE <i>Leona Fox Stanfill</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>488-05-1068</i>	
17. INFORMANT <i>Mrs. Leona Stanfill</i>		Address <i>3952 Botanical</i>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Thrombosis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>5 days over 57 years</i>
DUE TO (b) <i>arteriosclerotic heart</i>			
DUE TO (c) <i>disease</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>4200</i>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 a.m. p.m. Month, Day, Year		

20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from *Mar 1955* to *Nov 20, 1960* and last saw him alive on *Nov 20, 1960*  
Death occurred at *11 A.M.* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Robert M. Smith M.D.</i>	22b. ADDRESS <i>114 N. Taylor</i>	22c. DATE SIGNED <i>11/20/60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>11-23-60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Laurel Hill Memorial</i>	23d. LOCATION (City, town, or county) <i>St. Louis County</i>
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24. FUNERAL DIRECTOR <i>Weick Bros 2201 S. Grand Blvd</i>	25. DATE RECD. BY LOCAL REG. <i>NOV 21 1960</i>	26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Harry E. Morrow*

Licensed Embalmer No. 4495

P. O. Address St. Louis,

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