

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 4 1957

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3108

STATE FILE NUMBER

563

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital		Length of stay in lb 37 days	
3. NAME OF DECEASED (Type or print) First Middle Last Thomas P. Stanton		4. DATE OF DEATH Month Day Year January 17th 1957	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 25th 1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auditor		10b. KIND OF BUSINESS OR INDUSTRY Mo. State Revenue	9. AGE (In years last birthday) 82
13. FATHER'S NAME Thomas P. Stanton		14. MOTHER'S MAIDEN NAME Anna O'Brien	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. 499-34-9590	17. INFORMANT Address Marie Stanton 4107 St. Louis Ave.
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>Hypertensive arteriosclerotic heart disease</i>			INTERVAL BETWEEN ONSET AND DEATH <i>years</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a). <i>Fracture surgical neck of femur, 4200 F</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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.) <i>Fell in his home</i>	
20c. TIME OF INJURY Hour Month, Day, Year <i>p. m. 12-7-56</i>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>St. Louis Mo</i>
21. I attended the deceased from <i>Dec. 7-56</i> to <i>Jan 17-57</i> and last saw her <i>him</i> alive on <i>1-17-57</i> . Death occurred at <i>3 p. m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>John J. Hammond M. D.</i>		22b. ADDRESS <i>634 N. Grand</i>	22c. DATE SIGNED <i>1/18/57</i>
23a. BURIAL/CREMATION, REMOVAL (Specify) <i>burial</i>	23b. DATE <i>Jan. 21st 1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis Missouri</i>
24. FUNERAL DIRECTOR ADDRESS <i>Arthur J. Donnelly 3840 Lindell Blvd.</i>		25. DATE RECD. BY LOCAL REG. <i>JAN 18 '57</i>	26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M. D. - S.P.</i>

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)