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

FILED JUN 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16596

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4074

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4810a Easton Ave. 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison

(c) City or town Marquand NR
(If outside city or town limits write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Liva Minnie Stanfill 351

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Henry

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 10 (Day) 1865 (Year)

8. AGE: Years 75 Months 0 Days 26 If less than one day hr. min.

9. Birthplace Cornwall (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business 0

FATHER
12. Name Harold Reeves 9
13. Birthplace Marquand (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace Yard
(b) Address 4810a Easton Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-7-40 (Month) (Day) (Year)
(c) Place: burial or cremation Marquand, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) MAY 6 1940 (Date received local registrar) (b) J. F. Bardack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1940 hour 4 minute A M.

21. I hereby certify that I attended the deceased from May 1, 1940, to May 6, 1940;
that I last saw her alive on May 6, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia (senile) — Duration 5 days

Due to Secondary Pneumonia

Due to Carcinoma of Caecum

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Earl H. Smyde (M. D. or other) M.D.
Address 705 Olive St Date signed 5/6/40

(Licensed Embalmer's Statement on Reverse Side)

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 Wilford Burnley Registered Apprentice No. 1 working under my personal supervision.

Signed Albert G. Hopper

Licensed Embalmer No. 2971

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.