N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

18105

1. PLACE OF DEATH

County ..... Registration District No. 701

Township ..... Primary Registration District No. 1013

City St Louis No. (No. or Street) City Hospital Hosp. St. ..... Ward)

File No. .....

Registered No. 5077

2. FULL NAME Gilbert Stone

(a) Residence (Usual place of abode) No. 1026 N- 14 St., 25 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20. 1915

7. AGE: Years 17 | Months 0 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Shiner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 229

10. Date deceased last worked at this occupation (month and year) about 4 wks ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

FATHER

13. NAME Silton Stone

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER

15. MAIDEN NAME Etta Posey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hendrson Ky.

17. INFORMANT (ADDRESS) Etta Stone 1026 N 14

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington Park DATE May 27th 1932

19. UNDERTAKER (ADDRESS) L. Atkins 3317 Morgan

20. FILED MAY 28 1932 19 May Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1:05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
of Left Hemisphere	
Cause Unknown	
70 A	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. W. Kerner, M. D.

5/23/32 (Address) Dep. Coroner