

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

39480
Do not use this space.

DEC 13 1937

791
1003

Registered No. 10467

1. PLACE OF DEATH

- (a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis (d) Street No. St. Anthony's Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles S. Stone

- (a) Residence, No. 1811 LaSalle St. St. 22 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Late Elizabeth Stone</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 4th 1865</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>10</u>	DAYS <u>6</u>
8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. <u>Conductor</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>St. L. Public Service</u>		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

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

FATHER
13. NAME John A. Stone
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Pharaby Barnes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs. Alice Goetz 4014 Bates St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lakewood Park DATE 11-12 1937

19. FUNERAL DIRECTOR (ADDRESS) Kriegshauser Mortuaries 4228 So. Kingshighway

20. FILED 19 Nov 11 1937 Local Registrar. J. H. Predeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-10 1937
 22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1937, to Nov. 10, 1937.
 I last saw him alive on Nov. 10, 1937. Death is said to have occurred on the date stated above, at 2:35 P.M.
 The principal cause of death and related causes of importance were as follows:

Intestinal obstruction, cause unknown

Date of onset 11-3-37

Other contributory causes of importance:
1226

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 EMMETT MC BRAINERY
 (Address) 4228 So. Kingshighway, M. D.
 (Address) 6829 Vergennes

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.

Mr. M. E. Bradley
6829 Virginia
R. 0491

STATEMENT BY LICENSED EMBALMER.

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

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.)