DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24404

Registration District No. 1 1991 Primary Registration District No. Registrar's No. 6677

1. PLACE OF DEATH: 1003
(a) County St. Louis
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1438 E. Grand Blvd. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9
(d) Street No. 1438 E. Grand Blvd. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years. 60

8. (a) PRINT FULL NAME Celia Stone 350
8. (b) If veteran, name war
8. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Jacob Stone
6. (c) Age of husband or wife if alive years
7. Birth date of deceased not known (Month) (Day) (Year)

8. AGE: Years about 80 | Months | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) Russia (State or foreign country) 7
10. Usual occupation at home
11. Industry or business
FATHER 12. Name unknown
13. Birthplace (City, town, or county) Russia (State or foreign country)
MOTHER 14. Maiden name unknown
15. Birthplace (City, town, or county) Russia (State or foreign country)
16. (a) Informant's own signature Sara Marion
(b) Address 4948 Easton Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-1-39 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth
18. (a) Signature of funeral director H. Rindskopf
(b) Address 5216 Delmar
19. (a) JUL 31 1939 (Date received local registrar) (b) J. Bachelder (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1939 hour c. 1 9 p.m. minute M.
21. I hereby certify that I attended the deceased from 1928, 19.. to July 30, 1939, that I last saw h. alive on July 24, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac decompensation	2 yrs.
Due to: Hypertension & arteriosclerotic myofibrosis	10 yr.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: None	

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) No
(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 Geo. D. Fenlinn (M. D. or other) MD
Address 3903 Olive St. Date signed 7/31/39

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....

....., Registered Apprentice No. 3830

working under my personal supervision.

Signed C. W. Cooper

Licensed Embalmer No. 3830

P. O. Address.....

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

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