

FILED SEP 25 1940

No. 2
11-10-39
5-17-39
I X21492DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27086

791

Registration District No.

Primary Registration District No.

Registrar's No. 6982

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:
3521 Hebert St. 2
 (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)

3. (a) PRINT FULL NAME Daniel Stonecipher 3523. (b) If veteran, name war _____ 3. (c) Social Security No. none4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Susan 6. (c) Age of husband or wife if alive 51 years7. Birth date of deceased Nov 16, 1886
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
53 9 1 _____ hr. _____ min.9. Birthplace New Albany Ind
(City, town, or county) (State or foreign country)10. Usual occupation Plant Supt. retired 50 yrs11. Industry or business National Refining Co.

MOTHER FATHER
 { 12. Name Wm. Stonecipher
 { 13. Birthplace New Albany Ind
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Catherine Kraeger
 { 15. Birthplace New Albany Ind
 (City, town, or county) (State or foreign country)

16. (a) Informant Miss Marie Stonecipher(b) Address 3521 Hebert St.17. (a) Removal (b) Date thereof Aug 18, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New Albany Ind.18. (a) Signature of funeral director A. M. ... W. Co.(b) Address 2707 N. Grand Blvd19. (a) 8-18-40 (b) J. P. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 10
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3521 Hebert St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 17th day Aug
year 1940 hour 1:30 minute _____21. I hereby certify that I attended the deceased from 1-1-40
_____, 19____, to 8-7, 1940that I last saw him alive on 8-17, 1940
and that death occurred on the date and hour stated above.Immediate cause of death
Heart trouble (myocardial) Duration _____Due to great ex. exertion
neither sun or heat stroke

Due to _____

Other conditions 92a
(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? _____

While at work? ✓ (Specify time of place) (Means of injury) _____23. Signature Chas. J. Fox (M. D. or other) _____*Address 3519 Hebert Date signed 8-18-40

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

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. _____

working under my personal supervision.

Signed

Paul F. Krollenberg

Licensed Embalmer No. 3631

P. O. Address 2707 N. 1st Ave

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.)

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