

FILED MAY 13 1941

Registration District No. 791 Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(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:
De Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Day's
(Specify whether years, months or days)

In this community 28 Years

3. (a) PRINT FULL NAME Claude L. Stone

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

3. (c) Social Security No. 497-07-1715

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ruby Stone

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased Sept. 9, 1912
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>28</u>	<u>7</u>	<u>2</u>	hr. min.

9. Birthplace Webster County, Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Machanic

11. Industry or business Chevrolet Motor Co.

12. Name Hardie Stone

13. Birthplace Webster County, Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Zoura Todd

15. Birthplace Webster County, Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruby Stone

(b) Address 3734 A Vest Ave.,

17. (a) Burial (b) Date thereof Apr. 14, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director John P. Paschedag

(b) Address 2825 N. Grand Bldg.

19. (a) APR 13 1941 (b) J. F. West
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3734 A Vest Ave.,
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1941 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from 4-1-
1941, to 4-11, 1941

that I last saw him alive on 4-11, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Thrombo-phlebitis of lateral sinus

Due to Chronic mastoiditis

Due to 898

Other conditions (Include pregnancy within 3 months of death)

Major findings: Chronic Mastoiditis

Of operations

Of autopsy General Septicemia
Pulmonary Embolism

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 Edw. P. Westman (M. D. or other) DO

Address 3700-7-Grand Date signed 4-12-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 J. Wm Binkley
Licensed Embalmer No. 3653
P. O. Address St Louis Mo

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.