

**FILED** AUG 8 1941

Registration District No. 754

Primary Registration District No. 200

Registrar's No. 1277

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Affton, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5837 Staley Ave. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 30 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Affton, Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5837 Staley  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Carrie Lee Stone

3. (b) If veteran, name war Nil 3. (c) Social Security No. Nil

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Robert Lee Stone 6. (c) Age of husband or wife if alive Nil years

7. Birth date of deceased Jan. 28 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 5 16 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Anannada, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Wm. Felix Turner

13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Drama L. Barnes

15. Birthplace Anannanda, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marjorie D. Ulrich

(b) Address 5837 Staley Ave. Affton, Mo.

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

(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director Christman & Sons

(b) Address 3934 K 20th St

19. (a) JUL 16 1941 (b) J.R. Meyer M.D. D.P.H.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14th  
year 1941 hour 9 minute 20 P.M.

21. I hereby certify that I attended the deceased from May 15, 1941, to July 12, 1941;

that I last saw her alive on July 12, 1941

and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure Duration \_\_\_\_\_

Due to myocardiasis - yes

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(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 type of place) (e) Means of injury \_\_\_\_\_

23. Signature J.R. Meyer M.D. D.P.H. (M. D. certifier)

Address 3224 Swan Hall Date signed 7/16/41

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: *Frank A. Moore*

Licensed Embalmer No. *3041*

P. O. Address *2117 E. Grand*

**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, fact should be so stated above.**