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K47070

FILED SEP 7 1948 **318**
Registration District No. _____

Primary Registration District No. **1003**

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:
City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 12 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis **600**
(c) City or town St. Louis **17**
(If outside city or town limits, write "RURAL") **9**
(d) Street No. 5201 Wells Ave. **0**
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lena Stone

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Ollie H. Stone 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 16 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>8</u>	<u>8</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomes J. Conaty

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

14. Maiden name Catherine McCabe

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

16. (a) Informant Floris Reich

(b) Address 5201 Wells Ave.

17. (a) Burial (b) Date thereof 8/27/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Celvery Cemetery

18. (a) Signature of funeral director J. J. Quinn
1389 Union Blvd.

(b) Address _____

19. (a) AUG 26 1948 (Date received local registrar) J. F. Breda (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24
year 1948 hour 3 minute 20 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Subdural Hematoma; *Duration*
suffered when deceased fell down a
flight of nine steps at her home
5201a Wells ave., on Aug. 12, 1948, at
about 2:30 P.M.

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: SCCIDENT

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence 8-12-1948

(c) Where did injury occur? St. Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
(Specify type of place)

While at work? no Means of injury see above

23. Signature Catharine C. Taylor (M. D. or other) Dep. CW

Address 1300 Clark Date signed 8-26-48

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 Ronald O. Yahnke

Licensed Embalmer No. 3917

P. O. Address.....

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.