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7-39
3906

FILED NOV 23 1948

Registration District No. 3

Primary Registration District No. 3066

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: U.S. Marine Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 415 days
(Specify whether years, months or days)

In this community unknown
(Specify whether years, months or days)

3: (a) PRINT FULL NAME Henry H. Stone

3: (b) If veteran, name war unknown

3: (c) Social Security No. unknown

4. Sex Male 5. Color or race Colored

6: (a) Single, widowed, married, divorced single

6: (b) Name of husband or wife X

6: (c) Age of husband or wife if alive X years

7. Birth date of deceased Dec. 6, 1895 1896
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|-----------|----------|----------------------|
| Years | Months | Days | If less than one day |
| <u>51</u> | <u>10</u> | <u>8</u> | hr. min. |

9. Birthplace Kentucky
(City, town, or county) (State or foreign country?)

10. Usual occupation Night watchman

11. Industry or business Str. Idlewild

12. Name Henry Stone

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

14. Maiden name Anna Hale

15. Birthplace Kentucky
(City, town, or county) (State or foreign country?)

16: (a) Informant Clinical records of hospital

(b) Address U.S. Marine Hosp., Kirkwood, Mo.

17: (a) Burial (b) Date thereof Oct. 19, 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park cem.

18: (a) Signature of funeral director Dement & Son

(b) Address 2629-31 Cole Street

19: (a) 18-48 (b) Henry H. Stone
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999

(c) City or town Cairo (If outside city or town limits, write "RURAL") 10

(d) Street No. 2205 Commercial Ave. (If rural, give location) 2

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14th
year 1948 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from Aug 25
1947, to Oct. 14, 1948
that I last saw him alive on Oct. 13th, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Infarction of myocardium Duration 2 yrs

Due to Arteriosclerotic coronary thrombosis 2 yrs

Due to (Hypertensive cardiovascular disease) indef.

Other conditions (Thrombosis of lenticulo-striate artery) 8 mo.

PHYSICIAN

Major findings: none

Of operations none

Of autopsy 938

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) X

(b) Date of occurrence X

(c) Where did injury occur? X
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? X

While at work? X (Specify type of place) (e) Means of injury X

23. Signature G. J. Niedermeyer, M.D. (M. D. brother) M.D.
G. J. Niedermeyer, A. Surg. (R)
Address U.S. Marine Hosp., Kirkwood, Mo. Date signed 10/14/48

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

MOTHER, FATHER

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

A Claude Gordon

Licensed Embalmer No.

3489

P. O. Address

4575 Aldine

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.

AFFIDAVIT

STATE OF MISSOURI,

ss. On this 19th day of October 19 48

City of St. Louis

deceased

Allie Donaldson, sister of Henry Hale/Stone

before me personally appeared

of St. Louis, Missouri

who, being by me duly sworn according to

law, deposeth:

I, Allie Donaldson, certify to the fact that Henry Hale Stone, deceased was born Dec. 6, 1896, and that he was at the time of his death (Oct. 14, 1948)

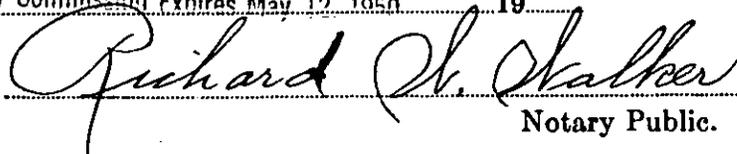
51 years 10 months and 8 days old.



Subscribed and sworn to before me at my office in the City and State aforesaid

this 19th day of October 1948

My commission expires My Commission Expires May 12, 1950 19


Notary Public.

S-34948