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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 11 1949

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 41861

Registrar's No. 10714

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

1. PLACE OF DEATH:

(a) County: St. Louis

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

(c) Name of hospital or institution: Barnes Hospital, (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 16 days (Specify whether years, months or days)

In this community: 16 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Illinois (b) County: Madison 907

(c) City or town: Bethalto (If outside city or town limits, write "RURAL")

(d) Street No. NR. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: ALMA VIVIAN STONE

3. (b) If veteran, name war: None

3. (c) Social Security No.:

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Byron Webster Stone

6. (c) Age of husband or wife if alive: 49 years

7. Birth date of deceased: August (Month) 23 (Day) 1900 (Year)

8. AGE: Years 48 Months 3 Days 16 If less than one day: hr. min.

9. Birthplace: Wolf Lake (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: None

MOTHER FATHER

12. Name: Francis Marion Giles

13. Birthplace: Wolf Lake (City, town, or county) Illinois (State or foreign country)

14. Maiden name: Hannah Bittle

15. Birthplace: Wolf Lake (City, town, or county) Illinois (State or foreign country)

16. (a) Informant: Byron W. Stone

(b) Address: Bethalto, Illinois

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 12, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation: Wanda, Illinois

18. (a) Signature of funeral director: Robert H. Strieper

(b) Address: 2521 Edwards St. Alton, Ill.

19. (a) DEC 11 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day Ninth year 1948 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 11-23-48 to 12-9-48, 19..; that I last saw her alive on 12-9-48, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	5 mo
Due to: malignant hypertension	5 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: Ventral Hernia	
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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Jerry W. Allen Jr. (M. D. or other) M.D.

Address: Barnes Hospital Date signed 12-9-48

(Licensed Embalmer's Statement on Reverse Side)

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 Robert H. Streeper

Licensed Embalmer No. 2474

P. O. Address Alton, Ill.

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.