

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14969**No. 300
10. 48

BIRTH NO. _____		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registrar's No. <u>569</u>
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> //		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> 0		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> 7		
c. LENGTH OF STAY (in this place) <u>60 years</u>		d. STREET ADDRESS (If rural, give location) <u>732 S. 11th Street</u> 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Abraham</u>		b. (Middle) <u>J.</u>		c. (Last) <u>Stone</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>May 13, 1949</u>				
5. SEX <u>Male</u> 0	6. COLOR OR RACE <u>Jewish</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> 2	8. DATE OF BIRTH <u>Unknown</u>	9. AGE (In years last birthday) <u>About 83</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Vice President</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Metal Work Industry Missouri Iron &</u>		11. BIRTHPLACE (State or foreign country) <u>Pinsk, Western Russia.</u> 6
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Jacob Stone</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Leah Stone</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William Stone</u> ADDRESS <u>2828 Francis St. St. Joseph, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart disease, arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>42nd.</u>
19a. DATE OF OPERATION <u>April 28/49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Suprapubic urinary fistula</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>April 27, 1949</u> , to <u>May 13, 1949</u> , that I last saw the deceased alive on <u>May 13, 1949</u> and that death occurred at <u>4:40 P.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Charles Greenberg M.D.</u>		23b. ADDRESS <u>P.O. Box St. Joseph, Mo.</u>		23c. DATE SIGNED <u>5/15/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 15, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shaare Sholem Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>May 20, 1949</u>	REGISTRAR'S SIGNATURE <u>E. S. Jenkins</u> 382	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Meierhoff</u>		ADDRESS <u>1946 Colhoun St. St. Joseph, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

