

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28824

State File No.

46

BIRTH NO. _____ REG. DIST. NO. 1317 PRIMARY REG. DIST. NO. 3064 Registrar's No. 20037

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ferguson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ferguson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>100 Annabel Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>100 Annabel Avenue,</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Grover</u>	b. (Middle) <u>E.</u>	c. (Last) <u>Stone</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 22, 1949</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 8/1887</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>14</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work demanding most of working life, even if retired) <u>Retired Motorman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Transportation</u>	11. BIRTHPLACE (State or foreign country) <u>Wellsville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Z. J. Stone</u>	13b. MOTHER'S MAIDEN NAME <u>Laurar Dillonene</u>	14. NAME OF HUSBAND OR WIFE <u>Katherine Stone</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>494-01-1278</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John G. Stone Ferguson, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>8-1-49</u> <u>1945</u> <u>4/20/1</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chr myocarditis</u> DUE TO (c) <u>none</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4-15-, 1948, to 8-22-, 1949, that I last saw the deceased alive on 8-22-, 1948, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. Johnson M.D.</u>	23b. ADDRESS <u>Ferguson, Mo.</u>	23c. DATE SIGNED <u>8-12-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/25/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Ferdinand Cemetery Florissant, Mo.</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>8-24-49</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Hambleton</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home, Ferguson, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

F-11

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed L. M. White

Licensed Embalmer No. 3973

P. O. Address Herguson,

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.