

FILED MAY 12 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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1003

State File No. 14783  
Registrar's No. 4014

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3962 GARFIELD</u>				STREET ADDRESS (If rural, give location) <u>3962 GARFIELD</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>AGNES</u>		b. (Middle) _____		c. (Last) <u>STONE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-26-1951</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>2-3-1876</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 1 YEAR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>KENTUCKY</u>		12. CITIZEN OF WHAT COUNTRY _____	
13a. FATHER'S NAME <u>JOHN HAPPY</u>		13b. MOTHER'S MAIDEN NAME <u>NOT KNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>LEON STONE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leon Stone</u>		ADDRESS <u>3962 Garfield</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombophlebitis of both femoral veins.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none</u>					
		DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>none</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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H66X</u>			
22. I hereby certify that I attended the deceased from <u>3-1-51</u> , 19 <u>  </u> , to <u>4-26-51</u> , 19 <u>  </u> , that I last saw the deceased alive on <u>4-25-51</u> , 19 <u>  </u> , and that death occurred at <u>11 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Walter H. Sporeman</u> (Degree or title) _____				23b. ADDRESS <u>1506 St. Louis</u>		23c. DATE SIGNED <u>4-27-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>1</u>		24b. DATE <u>4-30-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Gardens</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>APR 28 1951</u> <u>J. B. Pasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. K. ...</u>		ADDRESS <u>27079 Grand</u>			

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

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**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 *Stanley Dixon*.....

Licensed Embalmer No. *4193*.....

P. O. Address *St. Louis*.....

**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.