

FILED AUG 9 1951

STANDARD CERTIFICATE OF DEATH

State File No. 25791

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 676 Registrar's No. 2802

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL		c. CITY (If outside corporate limits, write RURAL and give township) ST LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION HALLS-FERRY MEMORIAL HOME		d. STREET ADDRESS (If rural, give location) 571 HARPER AVE	

3. NAME OF DECEASED (Type or Print) HATTIE LAURENA STONES			4. DATE OF DEATH (Month) (Day) (Year) JULY-30-1951		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Oct 30-1871	9. AGE (In years last birthday) 79	10. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY IOWA		11. BIRTHPLACE (State or foreign country) IOWA	

13a. FATHER'S NAME CYRUS WILSON		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE CHARLES S STONES	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME; ADDRESS BARNEY STONES, ST LOUIS MO	

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) Cerebral thrombosis		INTERVAL BETWEEN ONSET AND DEATH 3 days	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Anteroselective Cardiovascular disease		DUE TO (b) 4201		DUE TO (c) unknown	
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)
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?

22. I hereby certify that I attended the deceased from July 5, 1951, to July 30, 1951, that I last saw the deceased alive on July 28, 1951, and that death occurred at 11:35 A.M., from the causes and on the date stated above.

23a. SIGNATURE Lewis Littmann MD	(Degree or title)	23b. ADDRESS 8731 Clayton Rd (17)	23c. DATE SIGNED 7/31/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 1-1951	24c. NAME OF CEMETERY OR CREMATORY LAKE CHARLES	24d. LOCATION (City, town, or county) (State) ST LOUIS MO
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DATE REC'D BY LOCAL REG. 7/31/51	REGISTRAR'S SIGNATURE Richard T. Danke MD	25 FUNERAL DIRECTOR'S SIGNATURE Charles Alderchey	ADDRESS Home Groves Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

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

Leslie Welch

Licensed Embalmer No. *4395*

P. O. Address *Helster Grove*

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.