

STANDARD CERTIFICATE OF DEATH  
318 1003

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0248

FILED FEB 8 1952

State File No. ....

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 Missouri b. COUNTY St. Louis Co.	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) <del>St. Louis</del> Affton 4000	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 6119 Archwood Lane /	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4056 S. Grand			

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) H. c. (Last) Stone			4. DATE OF DEATH (Month) (Day) (Year) 1/9/52			
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH Apr. 24, 1887	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (State or foreign country) Jefferson City, Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Stone		13b. MOTHER'S MAIDEN NAME Mary Shadwick		14. NAME OF HUSBAND OR WIFE Imogene	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 489-03-7826		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Imogene Stone--4056 S. Grand	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		19. INTERVAL BETWEEN ONSET AND DEATH 7 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. - - DUE TO (b) Hypertensive Cerebral Disease 5 days		
	DUE TO (c) Rheumatic Heart Disease. 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"/>	
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? H16X	

22. I hereby certify that I attended the deceased from 1-7-1952 to 1-9-1952, that I last saw the deceased alive on 1-9-1952 and that death occurred at 10:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS 5203 [Address]		23c. DATE SIGNED 1-10-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/13/52		24c. NAME OF CEMETERY OR CREMATORY Presbyterian Cem.	
				24d. LOCATION (City, town, or county) (State) Washington, Missouri	

DATE REC'D BY LOCAL REG. JAN 10 1952		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wacker-Welder 3634 Gravois	
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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 \_\_\_\_\_

*Frank J. [Signature]*

Licensed Embalmer No. 2645

P. O. Address. 100 [Address]

**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.