

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6800

State File No.

FILED MAR 8 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1589**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO - b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS -		c. CITY (If outside corporate limits, write RURAL and give township) 53 TOWN MAPLEWOOD 4534	
d. FULL NAME OF HOSPITAL OR INSTITUTION DEACONESS HOSP -		d. STREET ADDRESS (If rural, give location) 2006 BELLEVIEW AV.	

3. NAME OF DECEASED (Type or Print), a. (First) ANNA b. (Middle) B. c. (Last) STONE			4. DATE OF DEATH (Month) (Day) (Year) FEB 16 1952			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JULY 12 1873 -	9. AGE (In years last birthday) 78 -	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) BUFFALO N.Y.		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME CHRISTIAN WURTHNER -	13b. MOTHER'S MAIDEN NAME ANNA BARBARA YONCK	14. NAME OF HUSBAND OR WIFE ALPHA J. STONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no -	16. SOCIAL SECURITY NO. 493-24-9588	17. INFORMANT'S SIGNATURE OR NAME MABEL L. WHEELER ADDRESS 2206 BELLEVIEW.

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) Generalized carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of cervix DUE TO (c) Senility		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis		

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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 171X

22. I hereby certify that I attended the deceased from **9-15-1950** to **2-18-1952**, that I last saw the deceased alive on **2-15-1952**, and that death occurred at **11:15 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. Stirling M.D. 0	23b. ADDRESS 7266 Manchester, Maplewood	23c. DATE SIGNED 2/19/52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL -	24b. DATE FEB 20 1952	24c. NAME OF CEMETERY OR CREMATORY VALHALLA CEM -
24d. LOCATION (City, town, or county) ST LOUIS COUNTY		24e. (State) MO -
DATE REC'D BY LOCAL REG. FEB 19 1952	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS 7146 MANCHESTER

(Licensed Embalmer's Statement on Reverse Side)

ST LOUIS MO -

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

W E Morris

Signed.....
Student Embalmer

Licensed Embalmer No. *3360*

P. O. Address *St Louis, Mo*

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.