S. No. 300
v. 10.48

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

FILED AUG 6 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25294

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6605

1. PLACE OF DEATH
a. COUNTY —
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
c. LENGTH OF STAY (in this place) 3 WEEKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MISSOURI PACIFIC HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI.
b. COUNTY
c. CITY OR TOWN ST. LOUIS 17
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location) 1901 McCAUSLAND, 204

3. NAME OF DECEASED (Type or Print)
a. (First) KEARNEY
b. (Middle) SMITH
c. (Last) STONER

4. DATE OF DEATH (Month) JULY (Day) 16 (Year) 54

5. SEX M

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH JUNE 13th 1868

9. AGE (In years last birthday) 86 — IF UNDER 1 YEAR: Months — Days 28 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PENSR. VALUATION ENGR

10b. KIND OF BUSINESS OR INDUSTRY RAILROAD EMPL

11. BIRTHPLACE (City and State or Foreign Country) JOHNSVILLE MD

12. CITIZEN OF WHAT COUNTRY? UNITED STATES

13a. FATHER'S NAME STONER (EPHERUN)

13b. MOTHER'S MAIDEN NAME MARGARET SMITH

14. NAME OF HUSBAND OR WIFE URSULA STONER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN. (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS URSULA - STONER - 1901 McCAUSLAND

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Sigmoid — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION MARCH 20th 54

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) N/A

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) N/A

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) N/A

21d. TIME OF INJURY (Month) (Day) (Year) N/A (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] N/A

21f. HOW DID INJURY OCCUR? N/A 153X

22. *I hereby certify that I attended the deceased from* JAN 19th, 1951, *to* July 16, 1954, *that I last saw the deceased alive on* July 16, 1954, *and that death occurred at* 10:10 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE John T. Whitley (Degree or title) MD
23b. ADDRESS 1755 So Grand
23c. DATE SIGNED 7/17/54

24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION
24b. DATE 7-19-54
24c. NAME OF CEMETERY OR CREMATORY MISSOURI - CREMATORY
24d. LOCATION (City, town, or county) (State) ST. LOUIS MO

DATE REC'D BY LOCAL REG. JUL 19 1954
REGISTRAR'S SIGNATURE J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JAY-B-SMITH. MAPLEWOOD MO

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ben E. Hoffman

Licensed Embalmer No. 436

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.