

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

42850
10774

No. 300
10-48

FILED DEC 16 1954

State File No. _____
Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003									
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____										
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
d. FULL NAME OF HOSPITAL OR INSTITUTION 4023 Detonty St.			e. STREET ADDRESS (If rural, give location) 17 4023 Detonty St. 2179										
3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) W. c. (Last) Stone			4. DATE OF DEATH (Month) (Day) (Year) 11-25-1954										
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 21, 1882	9. AGE (In years last birthday) 72 yrs.	<table border="1" style="font-size: small;"> <tr> <td>UNDER 1 YEAR</td> <td>1 YEAR</td> <td>1 YEAR</td> <td>1 YEAR</td> </tr> <tr> <td>Days</td> <td>Hours</td> <td>Min.</td> <td></td> </tr> </table>	UNDER 1 YEAR	1 YEAR	1 YEAR	1 YEAR	Days	Hours	Min.	
UNDER 1 YEAR	1 YEAR	1 YEAR	1 YEAR										
Days	Hours	Min.											
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail Handler (Ret.)		10b. KIND OF BUSINESS OR INDUSTRY Term. R.R.	11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA								
13a. FATHER'S NAME Montgomery Stone		13b. MOTHER'S MAIDEN NAME ??		14. NAME OF HUSBAND OR WIFE Agatha Stone									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Agatha Stone 4023 Detonty St.											
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____</p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) Coronary Occlusion</p> <p>DUE TO (c) Generalized Arterio Sclerosis</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>				INTERVAL BETWEEN ONSET AND DEATH _____								
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? 4201											
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:25 A.M. , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) James M. Kelly Deputy Coroner		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 11-26-54									
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11/29/54	24c. NAME OF CEMETERY OR CREMATORY Park Lawn	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.										
DATE REC'D BY LOCAL REG. NOV 26 1954	REGISTRAR'S SIGNATURE Carl Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E.J. Schnur 3125 Lafayette Ave.										

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..... Signature of Student Embalmer

Signed..... Thomas R. Fenwick

Licensed Embalmer No. 379

P. O. Address 3125 Lafayette

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.