

FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42663

State File No. _____
Registrar's No. 10756

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 Missouri b. COUNTY _____

b. CITY OR TOWN *St Louis Mo* 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 No

d. FULL NAME OF HOSPITAL OR INSTITUTION *St Mary's Infirmary* e. STREET ADDRESS (If rural, give location)
12 748 Aubert Ave.

3. NAME OF DECEASED (Type or Print) a. (First) *Sophia* b. (Middle) _____ c. (Last) *Stone* 4. DATE OF DEATH (Month) (Day) (Year)
12 4 55

5. SEX *F* 6. COLOR OR RACE *Col* 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) *Widow* 8. DATE OF BIRTH *7-7-1896* 9. AGE (In years last birthday) *57* f. UNDER 1 YEAR Months _____ g. UNDER 1 YEAR Days _____ h. UNDER 1 YEAR Hours _____ i. UNDER 1 YEAR Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *HOUSE KEEPER* 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) *ILL* 12. COUNTRY OF WHAT COUNTRY? *USA*

13a. FATHER'S NAME *Frank Sanders* 13b. MOTHER'S MAIDEN NAME *Julia Rawles* 14. NAME OF HUSBAND OR WIFE *Dead*

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME *Dorothy Rowles 748 Aubert* ADDRESS _____

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) *Arteriosclerotic Nephritis chronic*
ANTECEDENT CAUSES *Subdural Hemorrhage*
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. *Due to (b) suffered when car operated and deceased went out of control and struck building*
II. OTHER SIGNIFICANT CONDITION *off front of about 2740*
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION *Subdural Bleed., about 300 am. Nov 12 1955.* 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) *Accident* 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) *Street* 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
St Louis Mo 8234

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) *Nov 12 55 3A³⁰* 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? *car* *32*

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 *1155* m., from the causes and on the date stated above.

23a. SIGNATURE *Patrick C. Taylor Coroner* (Degree or title) 23b. ADDRESS *1300 Clark* 23c. DATE SIGNED *12.7.55.*

24a. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24b. DATE *12-10-55* 24c. NAME OF CEMETERY OR CREMATORY *Colony* 24d. LOCATION (City, town, or county) (State)
St Louis Mo

DATE REC'D BY LOCAL REG. *DEC 8 1955* REGISTRAR'S SIGNATURE *Carl Smith MD* 25. FUNERAL DIRECTOR'S SIGNATURE *J. H. Nelson* ADDRESS *2769 Route*

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.....
Licensed Embalmer No..... 24
P. O. Address..... 27490

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.