Dept. Health, Ed., & Welfare U. S. Public Health Service

U. S. 300 Rev. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 27 1957

STATE FILE NUMBER 42664

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11087

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY
b. CITY OR TOWN ST. LOUIS — Inside Limits Yes ☑ No ☐	c. CITY OR TOWN ST. LOUIS — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 2317 HEBERT ST. — Length of stay in Ib 50 YRS	d. STREET ADDRESS (If outside, give location) 2317 HEBERT ST. — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First ROSETTA Middle E. Last STONER

4. DATE OF DEATH: Month NOV. Day 18. Year 1957

5. SEX: F

6. COLOR OR RACE: W.

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☑

8. DATE OF BIRTH: DEC. 13. 1866

9. AGE (In years last birthday): 90 YRS — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: NIL

11. BIRTHPLACE (City and state or country): RICHLAND, INDIANA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: FELIX BANNON

13b. MOTHER'S MAIDEN NAME: HENRIETTA DUNCAN

14. NAME OF HUSBAND OR WIFE: SAMUEL STONER

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

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: MRS NETTIE BLAND Address: 2317 HEBERT ST.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) hypertensive arteriosclerotic heart disease — 10 years.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senility 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov. 23, 1956 to Nov. 18, 1957 and last saw her alive on Nov. 16, 1957. Death occurred at 9:40 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): William H. Grundmann, M.D. — 22b. ADDRESS: 3118a N. Grand Bl., St. Louis 7 — 22c. DATE SIGNED: 11/18/57

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — 23b. DATE: Nov. 20, 1957 — 23c. NAME OF CEMETERY OR CREMATORY: FREDENS CEM — 23d. LOCATION (City, town, or county): ST. LOUIS (State): Mo

24. FUNERAL DIRECTOR: Friedmeyer & Sons — ADDRESS: 3934 N. 20 ST.

25. DATE RECD. BY LOCAL REG.: NOV 19 57

26. REGISTRAR'S SIGNATURE: Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Gustav W. Seitz

Licensed Embalmer No. 4329

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

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