

STANDARD CERTIFICATE OF DEATH

-61-042929

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10721**

STATE FILE NUMBER

**FILED DEC 1 1961**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis,</i>		c. CITY OR TOWN <i>St. Louis</i>	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>D. O. A. City Hospital</i>		d. STREET ADDRESS (If outside, give location) <i>3664 Washington Avenue</i>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last  
*Chester Ward Stone*

4. DATE OF DEATH Month Day Year  
*November 16, 1961*

5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>11/30/06</i>	9. AGE (last birthday) <i>55</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Desk Clerk</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Raleigh Apartments</i>	11. BIRTHPLACE (City and state or country) <i>Oran Missouri</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
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13a. FATHER'S NAME <i>James Stone</i>	13b. MOTHER'S MAIDEN NAME <i>Vera Brown</i>	14. NAME OF HUSBAND OR WIFE <i>Elizabeth Stone</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
*no none*

17. INFORMANT Address  
*Mrs Elizabeth Stone, 3664 Washington Ave*

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) *Coronary Thrombosis*

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) *Arterio Sclerosis, Generalized.*

DUE TO (c) *420.1*

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

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

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 Month, Day, Year  
a.m. p.m.

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 \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) *Joseph M. Turner Deputy Registrar*

22b. ADDRESS *1300 Clark*

22c. DATE SIGNED *11-18-61*

23a. BURIAL, CREMATION, REMOVAL (Specify) *Removal*

23b. DATE *Nov 20, 1961*

23c. NAME OF CEMETERY OR CREMATORY *Mt. Lebanon Cemetery*

23d. LOCATION (City, town, or county) (State) *St. Louis County Missouri*

24. FUNERAL DIRECTOR ADDRESS *Shepard Funeral Home 1167 Hamilton Avenue*

25. DATE RECD. BY LOCAL REG. *NOV 18 1961*

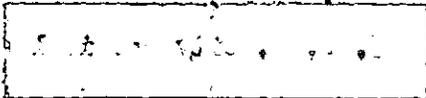
26. REGISTRAR'S SIGNATURE *Earl Smith, M.D.*

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ



**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

*Lawrence O. Gehring*

Licensed Embalmer No. 4979

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.