WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

13004

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 3292

Township ..... Primary Registration District No. 1003 Registered No. .....

City St Louis (No. 5074 Alcott Ave St. ..... Ward)

2. FULL NAME Benjamin L. Stone

(a) Residence. No. ..... St., 7 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~ Mary Ann Stone

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1869

7. AGE: Abt. 58 Years | Months: Unknown | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Blacksmith
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Kentucky

PARENTS
10. NAME OF FATHER Frank Stone
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Elizabeth Scrimshir
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Kentucky

14. INFORMANT Mrs Mary A. Stone
(Address) 5074 Alcott Ave

15. FILED APR -5 1927 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 4th 1927

17. I HEREBY CERTIFY, That I attended deceased from April 23, 1924, to April 4, 1927 that I last saw him alive on April 4, 1927, and that death occurred, on the date stated above, at 1220 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis
131
93C
95A
129A
(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Block Heart, Chronic Hypertension
Chronic Myocarditis (duration) 3 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at place of death
DID AN OPERATION PRECEDE DEATH? no. DATE OF none.
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical + Lab.
(Signed) Luke B. Tiernan, M. D
4/5, 1927 (Address) 3718 Jennings Rd St Louis Co. Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary Cemetery
DATE OF BURIAL: 4/7 1927

20. UNDERTAKER: Arthur J Donnelly
ADDRESS: 2039 Wash St

Pine Lawn