

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

Do not use this space.

37063

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township St. Louis Primary Registration District No. 1002
 City St. Louis (No. 1605 Bristol) St. _____ Ward _____

File No. _____
 Registered No. 39
 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 1605 Bristol St. _____ 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. 12 How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 24-1924

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
3 11 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child
 (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) Mo

10. NAME OF FATHER Dewey Stone

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Theo Laffon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT Mrs Theo Stone
 (Address) 1605 Bristol

15. FILED 12/26/27 M. M. Croome REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 25 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 25 1927, to Dec 25 1927, and that I last saw Dec 25 1927 alive on Dec 25 1927, and that death occurred, on the date stated above, at 7 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Laryngeal Diphtheria
10

CONTRIBUTORY (SECONDARY) Or (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? DATE OF..... WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) R. L. St. Clair, M. D.

(Address) 1226, 1927 3242 St. John

*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 Rash Grove Mo DATE OF BURIAL Dec 27 1927

20. UNDERTAKER Rose & Co - 15 Jackson ADDRESS

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.

