8 7 1928

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

Do not use this space.

21731

1. PLACE OF DEATH
County St Louis Registration District No. 789
Township Central Primary Registration District No. 60 8 80 File No.
City (No. 6308 Page Blvd St. Ward) Registered No. 193

2. FULL NAME Eva Stone

(a) Residence. No. 6308 Page 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wm A Stone

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 11 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	64	3	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at Home
(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) Indiana

PARENTS

10. NAME OF FATHER William H Sloan
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER Sarah Weathers
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Indiana

14. INFORMANT William A Stone
(Address) 6308 Page Ave

15. FILED 6/17, 1928. Golda Bracy M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/16 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 10 1928, to June 16 1928, that I last saw h. liv. alive on June 10 1928, and that death occurred, on the date stated above, at 12 02 Am.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris (duration) yrs. 6 mos. — ds.

CONTRIBUTORY (SECONDARY) Goitre (duration) 10 yrs. mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Hugh C. Hartman, M. D
6-16- 1928 (Address) 5801 Easton Av.

*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: Marengo Ind. DATE OF BURIAL: 6-18 1928

20. UNDERTAKER: Arthur J Donnelly ADDRESS: 2039 Woodw

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.

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