

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

Do not use this space.

2595

1. PLACE OF DEATH

County St. Louis
Township Central
City University City (No. 1051, Sutter Ave.)

Registration District No. 1160
Primary Registration District No. 470

File No. _____
Registered No. 3
St. _____ Ward)

2. FULL NAME Salomon S. Stone

(a) Residence. No. 1051 Sutter Ave. 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 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 Jessie Stone

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 14, 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	71	10	28	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stone Mason
(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

10. NAME OF FATHER Don't know.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Don't know.

12. MAIDEN NAME OF MOTHER Don't know.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Don't know

14. INFORMANT Mrs. Jessie Stone
(Address) 1051 Sutter Ave.

15. FILED 1-13 1930 Lena V. Mueller REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 12, 1930

17. I HEREBY CERTIFY, That I attended deceased from May 27, 1929 to Jan 12, 1930.
that I last saw him alive on Dec 29, 1929, and that death occurred, on the date stated above, at 5:55 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tubercle Pulmon

23A

25

(duration) 3 yrs. 3 mos. 3 ds.

CONTRIBUTORY (SECONDARY) Pulmonary Tubercle

(duration) 1 yrs. 1 mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical & Lab
(Signed) Arny H. Price, M. D.

1/13 1930 (Address) 4903 Delmar

*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 DATE OF BURIAL

Lakewood Park Cem 1-13 1930

20. UNDERTAKER

Geo. L. Pleitsch

ADDRESS

5966 Easton

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.

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2
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4903 Dulman

9 to 10.

10 to 11

City Hall

University City
