

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

Do not use this space.

32792

1. PLACE OF DEATH

County.....

Registration District No. 701

Township.....

Primary Registration District No. 100

City St. Louis

(No. St. Lukes Hospital)

File No.

Registered No. 9656

St.

Ward)

2. FULL NAME

Richard Landrum Stone

(a) Residence, No. H 58 Pasadena St., 12 Ward.

Webster Groves

(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

Irene G. Stone

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

Sept. 11, 1897

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

34

-

1

8. OCCUPATION OF DECEASED

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

Special Agent

(b) General nature of industry, business, or establishment in which employed (or employer)

Aetna Life

(c) Name of employer

Ins. Co

9. BIRTHPLACE (CITY OR TOWN)

North Bend

(STATE OR COUNTRY)

Ohio

10. NAME OF FATHER

Obed W. Stone

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Circumatti

(STATE OR COUNTRY)

Ohio

12. MAIDEN NAME OF MOTHER

Julia D. Stone

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Circumatti

(STATE OR COUNTRY)

Ohio

14.

INFORMANT... O. W. Stone

(Address) 425 S. Gorea - Webster

15.

FILED SEP 14 1934 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

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

Sept - 12 - 1931

17.

I HEREBY CERTIFY, That I attended deceased from 9-10-1931 to 9-12-1931 that I last saw him alive on 9-11-1931, and that death occurred, on the date stated above, at 12 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. A. Abscess of Brain (multiple) due to Abscess of teeth

CONTRIBUTORY (SECONDARY)

8. B. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 9-11-31

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. M. Keenan M. D.

, 19 (Address) 519 N. Club Bldg

*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

Valhalla Cem

DATE OF BURIAL

Sept. 13, 1931

20. UNDERTAKER

Alexander and Sons

ADDRESS

6175 Delmar

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.

Handwritten text, possibly a signature or name, written vertically on the left side of the page.