

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

Do not use this space.

6231

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 5003  
City St. Louis Mo. (No. City Sanitarium)

File No.....  
Registered No. 1261  
St. .... Ward)

**2. FULL NAME**

George Stinson  
(a) Residence, No. 4452 1/2 Washington Bl 13 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. 4 mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20, 1889.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
42 8 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 257

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Iowa

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " 31

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Bernard T. Koon (ADDRESS) 5300 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLAC Valhalla Cem DATE Feb 9th 1932

19. UNDERTAKER P. R. Rupton & Sons (ADDRESS) 4449 Olive St.

20. FILED Feb 9 1932 W. E. Miller Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from November 30, 1931, to February 6, 1932

I last saw him alive on February 6, 1932. Death is said to have occurred on the date stated above, at 5:30 P. m.

The principal cause of death and related causes of importance were as follows:

Multiple Sclerosis  
87E

Date of onset 11/30/31

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical & Lab. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Bernard T. Koon, M. D.

(Address) 5300 Arsenal St.

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.

PERMANENT RECORD

