

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. 7801  
Township..... Primary Registration District No. 1009B  
City St. Louis (No. 5980 Wabada Ave.) St. 5364 Ward)

File No. **21568**  
Registered No. ....

**2. FULL NAME**

(a) Residence, No. 5980 Wabada Ave. Ward. 6  
(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 female 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) July 11-1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
62 11 8

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

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

13. NAME Robert C. Stone

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

15. MAIDEN NAME Lucretia Corryell

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

17. INFORMANT (ADDRESS) Mrs. Chas. C. Stewart  
5980 Wabada Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis, Mo. DATE June 21, 1933

19. UNDERTAKER (ADDRESS) Jos. W. Clark  
1125 Woodmont Ave.

20. FILED June 21 1933  
J. Brebeck  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 1932, to June 19, 1933

I last saw h. ll alive on June 19, 1933 Death is said to have occurred on the date stated above, at 4:00 p. m.

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

chronic myocarditis  
93C  
132A 132  
Other contributory causes of importance: rephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_, 19\_\_\_\_

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) J. G. Fisher M. D.

(Address) 5980 Easton Ave

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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59884  
ms. 3696.