NOV 4 1935

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

Do not use this space.

34769

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6248 B — Registered No. 365

City Jefferson Barracks, Mo. Station Hospital St. Ward)

2. FULL NAME Henry Stone

(a) Residence, No. 429 N. Kirkwood Ave., St., Ward.
(Usual place of abode) St. Louis, Mo. (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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Catherine

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 24, 1860

7. AGE: YEARS 75 — MONTHS -- 6 — DAYS -- 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Enlisted man

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

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): Devon, England

FATHER

13. NAME: Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): Frank Stone, 429 N. Kirkwood Ave., St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cemetery DATE Oct 28 1935

19. UNDERTAKER (ADDRESS): Julius V. Schmitt, 3935 Russell Blvd.

20. FILED Oct 26 1935 G. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): October 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 11, 1935, to October 25, 1935

I last saw him alive on October 25, 1935. Death is said to have occurred on the date stated above, at 2:35 AM

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

	Date of onset
Fracture, upper third, both bones, right leg.	10/10/35
Fracture, both rami, right pubis.	
Other contributory causes of importance: Coronary thrombosis, acute.	10/24/35

Name of operation: None — Date of

What test confirmed diagnosis? X-ray — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident — Date of injury 10/10, 1935

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On road in Forest Park.

Manner of injury: Hit by automobile

Nature of injury: As above

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

If so, specify

(Signed) J. R. Darnall, Joseph R. Darnall, Major, M.C., M. D.

(Address) Jefferson Barracks, Mo.

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

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.

100M-11-24-33