

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.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH 791

Do not use this space.

JAN 13 1936

41153

1. PLACE OF DEATH

County ..... Registration District No. 1003  
Township ..... Primary Registration District No. ....  
City St. Louis (No. St. Louis Childrens Hosp. St. .... Ward)

File No. ....  
Registered No. 10361  
St. .... Ward)

2. FULL NAME Jean Faith Stone

(a) Residence, No. 1413 Ogden Ave., St. N.R. Ward. Wellston, Mo.  
(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) Dec. 28, 1921

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
13 11 10 34

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolgirl  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wellston  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) St. Louis Co., Mo.  
(STATE OR COUNTRY)

MOTHER 13. NAME Harry Stone

14. BIRTHPLACE (CITY OR TOWN) Perryville, Mo.  
(STATE OR COUNTRY)

15. MAIDEN NAME Daisy Hahs

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

17. INFORMANT Harry Stone  
(ADDRESS) 1413 Ogden Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE 12/9

19. UNDERTAKER Geo. P. Fleischer  
(ADDRESS) 5910 Eastern Ave

20. FILED DEC -9 1935 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on..... 19..... Death is said

to have occurred on the date stated above, at 11:30 a.m.

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

febrile Meningitis (no trauma)  
(Cause unknown)  
Date of onset

Other contributory causes of importance: 1792

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? yes

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?.....

If so, specify.....

(Signed) John J. Sweeney, M.D.

(Address) Deputy Registrar

