

SEP 15 1936

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.....

Township.....

Primary Registration District No.....

City St. Louis(No. City Hospital No. 1)

B. 6786

James Stone

791

1003

32416

File No.....

Registered No.....

8237

St. Ward)

2. FULL NAME

(a) Residence, No.
(Usual place of abode)1495 Arlington St., 26 Ward.

(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)

single

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

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

May 18, 1894

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

42

2

18

OCCUPATION

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

chauffeur

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

retired

10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Kentucky

FATHER

13. NAME

Thomas Stone

MOTHER

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

Tennessee

15. MAIDEN NAME

Eudora Phillips

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

Tennessee

17. INFORMANT
(ADDRESS)Hosn, Info. J. H. Kent
City Hospital No. 118. BURIAL, CREMATION, OR REMOVAL
PLACE

Memorial Park Aug. 8th, 1936

19. UNDERTAKER
(ADDRESS)Drehmann Warral
1905 Union Blvd.

20. FILED

AUG 6 1936

J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

8/6/36

, 19

22. I HEREBY CERTIFY, That I attended deceased from

8/3/36

, 19

to 8/6/36

, 19

I last saw him alive on 8/6/36, 19

to have occurred on the date stated above, at 6/15/a

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

Renal stone - RT.
NephritisDate of onset
7/30/36
?

Other contributory causes of importance:

Name of operation

None

Date of

What test confirmed diagnosis?

K. & G. test

Was there an autopsy?

No

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

Accident, suicide, or homicide?

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)

J. W. Loom

, M. D.

(Address)

City Hospital No. 1

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.

