

APR 27 1937

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

Do not use this space.

1. PLACE OF DEATH

 County St. Louis
 Township Bonhomme
 City Manchester (No. Bel. Air, Sanitarium)

 Registration District No. 785
 Primary Registration District No. 6031

 File No. 13337
 Registered No. 34
 St. _____ Ward _____
2. FULL NAME Frank M. Stone
 (a) Residence, No. 900 Buena Vista, Ward. St. Louis 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married (write the word)

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida. Swander
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/15/ 1862
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
75 9 19

 OCCUPATION 8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Realator
 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) New York13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Ida Stone 900 Buena Vista
(ADDRESS)18. ~~BURIAL~~ CREMATION, ~~DATE~~PLACE Valhalla DATE 3/19/3719. UNDERTAKER Wayer and 4356 Lindell
(ADDRESS)20. FILED 3-8- 1937 Agnes Kelly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8, 193722. I HEREBY CERTIFY That I attended deceased from Oct 31, 1936, to March 8, 1937I last saw him alive on March 7, 1937. Death is said to have occurred on the date stated above, at 4:30a. m.

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

Date of onset

Myocardial insufficiency
Arterio sclerosis
Paralysis agitans

Other contributory causes of importance:

 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? noIf so, specify Dr. R. K. M. D. M. D.(Address) Manchester, Mo.

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.

WHITE FEMER WITH ONWARDS MARKS THIS IS A PERMANENT RECORD

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