

FEB 16 1938

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

4242
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis, Registration District No. 96
(b) Township St. Nicholas Primary Registration District No. _____ Registered No. 156
(c) City St. Nicholas (d) Street No. 6325 Theodosia Ave. St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lillean A. Stone, 350

(a) Residence, No. 6325 Theodosia Ave. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Walter G. Stone.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 7, 1889.</u>		
7. AGE 48	YEARS 9	MONTHS 15
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) <u>St. Louis,</u> (STATE OR COUNTRY) <u>Missouri.</u>		
13. NAME <u>Barney Kettler.</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>St. Louis,</u> (STATE OR COUNTRY) <u>Missouri.</u>		
15. MAIDEN NAME <u>Genevieve Dunn.</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>St. Louis,</u> (STATE OR COUNTRY) <u>Missouri.</u>		
17. INFORMANT <u>Mrs. Walter E. Stone</u> (ADDRESS) <u>6325 Theodosia Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla Cemetery</u> DATE <u>January 25, 1938</u>		
19. FUNERAL DIRECTOR <u>Geo. L. Plentich Inc.</u> (ADDRESS) <u>5966 Easton Ave.</u>		
20. FILED <u>1-24</u> 19 <u>38</u> <u>St. Louis, Mo.</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 22, 1938

22. I HEREBY CERTIFY that I attended deceased from Feb 11, 1937 to Jan 22, 1938
I last saw her alive on Jan 22, 1938. Death is said to have occurred on the day stated above, at 5:15 P.M.
The principal cause of death and related causes of importance were as follows:
Carcinomatous Generalized
50
Date of onset 6 months

Other contributory causes of importance:
Carcinoma Breast.

Name of operation Removal breast Date of 1/25/38
What test confirmed diagnosis? Laboratory Where 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? _____
If so, specify Thyroid Gland M. D.
(Signed) Thyroid Gland
(Address) 4500 Olive.

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.

Dr. Theo. S. Green
4500 Olive St.
Trust 3800.

STATEMENT BY LICENSED EMBALMER

I, David C. Gibson....., Licensed Embalmer No. 3454

hereby certify that the body recorded on the reverse side of this certificate was embalmed by David C. Gibson

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)