

FILED AUG 25 1940 791

1003

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Deaconess Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME EDYTHE STONE **350**  
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Robert W. Stone 6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased May 2nd 1898  
(Month) (Day) (Year)

8. AGE: Years 42 Months 2 Days 1 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation rapper

11. Industry or business Liggett & Myers Tobacco Co.

MOTHER FATHER { 12. Name Peter Motsch  
13. Birthplace Cincinnati Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary E. Kauffman  
15. Birthplace Harrisburg Pa.  
(City, town, or county) (State or foreign country)

16. (a) Informant Robert W. Stone  
(b) Address 4021a Detonty Ave.

17. (a) Burial (b) Date thereof 7-6-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery  
18. (a) Signature of funeral director Kriegshauser Mortuary  
(b) Address 4228 So. Kingshighway

19. (a) JUL 5 1940 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis **17**  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4021a Detonty Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd  
year 1940 hour 12:05 minute P.M. M.

21. I hereby certify that I attended the deceased from June 20  
\_\_\_\_\_, 1940, to July 3, 1940  
that I last saw her alive on July 3, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death General Peritonitis Duration 4 days  
Due to Chronic Pelvic Peritonitis 4 years  
Due to Subovarian Abscess 1 year  
non malignant left side  
Other conditions not venereal  
(Include pregnancy within 6 months of death)

Major findings: Of operations Large thick walled Pelvic Abscess  
Of autopsy Much old scar tissue and old adhesions filling pelvis  
PHYSICIAN \_\_\_\_\_  
Underlines the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) (e) Means of injury \_\_\_\_\_  
While at work? \_\_\_\_\_  
23. Signature Wm. H. Norton, M.D. (M. D. or other)  
Address 634 No. Grand - St Louis Date signed 7/5/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

11-1  
Mr Wm. A. Newton  
No. 11210 8119 Jr. 6646

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Reinhold A. Lohmann

Licensed Embalmer No. 3395

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**