

Registration District No. **791**

Primary Registration District No. **1003**

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17
9

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

1. PLACE OF DEATH: **St. Louis, Mo.**

(a) County **St. Louis**

(b) City or town **St. Louis**

(c) Name of hospital or institution **City Sanitarium 2**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **30 days.**
(Specify whether years, months or days)

In this community **20 years**

2. USUAL RESIDENCE OF DECEASED: **000**

(a) State **Missouri** (b) County **St. Louis**

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **City Infirmery**
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULLNAME **George Stonestreet**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Katie Lansenburg**

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **June 20, 1862**
(Month) (Day) (Year)

8. AGE: Years **78** Months **7** Days **29**

If less than one day hr. _____ min. _____

9. Birthplace **Defiance Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Cook & Waiter**

11. Industry or business **Restaurant**

12. Name **Benjamin Franklin Stonestreet**

13. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Roxie Anna Fowler Stonestreet**

15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Paul Todd**

(b) Address **5400 Central Ave**

17. (a) _____ (b) Date thereof **2-25-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Louis**

18. (a) Signature of funeral director **W. R. R. R.**

(b) Address **3500 Ridge**

19. (a) **FEB 28 1941** (Date received local registrar)

(b) **J. Bred Dek** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **18** year **1941** hour **7:55** minute **A.** M.

21. I hereby certify that I attended the deceased from **1-20-41** to **2-18-41**

that I last saw him alive on **2-18-41** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis 1-20-41x**

Due to **Pulmonary T.B.C. 1-20-41x**
Generalized arteriosclerosis

Due to **1-20-41x.**

Other conditions **13**
(Include pregnancy within 3 months of death)

Major findings: **13**
Of operations **23**

No. **23**

Duration

PHYSICIAN

Underline 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? _____

While at work? _____ (Specify type of place) _____ Means of injury **D**

23. Signature **W. H. H. H.** M.D. or other _____

Address **5400 Central** Date **2-18-41**

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.....

Licensed Embalmer No.....

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; fact should be so stated above.