

Registration District No. 7911 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo.  
(c) Name of hospital or institution:  
(St. John's Hospital)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County SO1  
(c) City or town St. Louis  
(d) Street No. #5825 Clemens Ave.  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 17  
year 1941 hour 3 minute 30 P. M.  
21. I hereby certify that I attended the deceased from 6-1  
1941 to 6-17 1941  
that I last saw him alive on 6-17 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis  
Due to Arterio-sclerosis coronary arteries  
Due to Hypertension  
Other conditions: Concussion of Stomach

Duration

few min.

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy as above

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_  
23. Signature John J. Hammond (M. D. or other) M. D.  
Address 624 N. Grand Date signed 6/18/41

3. (a) PRINT FULL NAME Harry M. Stone  
(b) If veteran, name war none  
(c) Social Security No. none

4. Sex Male Color or race White  
5. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife Mayme K. Stone  
6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased: October, 3-1866  
(Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 14  
If less than one day hr. min.

9. Birthplace Sommerset Co, Maryland  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Supt.

11. Industry or business Railway Mail Service

12. Name Thomas Stone

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

14. Maiden name Leah H. Jones

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

16. (a) Informant Thomas C. Stone

(b) Address 5825 Clemens Ave.

17. (a) Removal (b) Date thereof June 19-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Mo.

18. (a) Signature of funeral director C. R. Hupton & Sons

(b) Address #7233 Delmar Blvd.  
19. (a) JUN 18 1941 (b) J. T. Bredek  
(Date received local registrar) (Registrar's signature)

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

10  
7  
9

DR-5080

**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 Clarence H. Mirra

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

**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.**