

FILED FEB 24 1942
Registration District No. **791**

Primary Registration District No. **100003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Mo. 22 Days**
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1815 Baron St.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **6**

3. (a) PRINT FULL NAME **Elizabeth Stone**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

4. Sex **Female** / 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **George Stone** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Dec. 2 1890**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 0 13 hr. min.

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

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER { 12. Name **Frank O'Connor**
13. Birthplace **Dont Know** / **Dont Know**
(City, town, or county) (State or foreign country)
14. Maiden name **Pauline Geistor**
15. Birthplace **Carlyle Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **John Rouch**

(b) Address **1810a Arsenal St.**

17. (a) **Burial** (b) Date thereof **12-16-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Cullinane Bros.**
(b) Address **1710 N. Grand Blvd.**

19. (a) **DEC 15 1941** (b) **J. F. Fredrick**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **13**,
year **1941** hour **9:05** minute _____ P. M.

21. I hereby certify that I attended the deceased from **October 21**,
19**41** to **December 13**, 19**41**;
that I last saw her alive on **December 13**, 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cirrhosis of liver & Multiple neuritis
Due to **Autonimonia Chr. alcoholism**
Due to **Autonimonia**

Duration
6 wks. 2 mos. 2 + mos. Years

Other conditions **Bad case given at birth**
(Include pregnancy within 3 months of death) **buttock**

Major findings: Of operations _____
Of autopsy **none**
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) (e) Means of injury **0**
23. Signature **M. M. Kirk** (M. 12/15/41)
Address **1515 Lafayette Avenue**, Date signed _____

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

10
17
9

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.....

Fred Frick

Licensed Embalmer No. 3186

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.