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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38152

Registration District No. 984 Primary Registration District No. 200 Registrar's No. 2485

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town KOCH (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ROBERT KOCH O HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr 2 mo (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MISSOURI (b) County — 17

(c) City or town ST. LOUIS 9 (If outside city or town limits, write "RURAL")

(d) Street No. 4150 ENRIGHT (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME CHESTER WILLIAM STONE

3. (b) If veteran, name war No

3. (c) Social Security No. 499-12-4563

4. Sex MALE

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced 3 DIVORCED

6. (b) Name of ~~husband~~ or wife JESSIE STONE

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

7. Birth date of deceased 8 (Month) - 14 (Day) - 1903 (Year)

8. AGE: Years 39 Months 3 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace POPLAR BLUFF (City, town, or county) MO. 0 (State or foreign country)

10. Usual occupation CHAUFFEUR

11. Industry or business

FATHER
12. Name DEWITT STONE
13. Birthplace ? (City, town, or county) ARKANSAS / (State or foreign country)

MOTHER
14. Maiden name DORA SMITH
15. Birthplace POPLAR BLUFF (City, town, or county) MO 0 (State or foreign country)

16. (a) Informant PATIENT

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-28-42 (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) NOV 28 1942 (Date received local registrar) (b) E. G. McGovern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 26 year 1942 hour 8 minute 25 A.M.

21. I hereby certify that I attended the deceased from 9-26, 1941, to 11-26, 1942 that I last saw him alive on 11-26, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	16 mo (?)
Due to	
Due to	
Other conditions: Diabetes Mellitus (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Samuel J. Kamendick (M. D. ~~or other~~)

Address KOCH Hosp. Koch MO Date signed 11/26/42

(Licensed Embalmer's Statement on Reverse Side)

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 J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address City

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.