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S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 19 1943 318

Registration District No.

Primary Registration District No.

1003

Registrar's No. 5392

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Stone Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 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. 4956 Washington Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Nola Stone

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 Widowed

6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 25, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 1 17 hr. min.

9. Birthplace Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Daniel Howard

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

14. Maiden name Ann Gillam

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

16. (a) Informant Pearl Bormann

(b) Address 4956 Washington Blvd.

17. (a) Burial (b) Date thereof 6/14/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Chas. J. Kron Funeral Home

(b) Address 4911 Washington Blvd.

19. (a) JUN 13 1943 (b) J. J. Bredrek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1943 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from May 27, 1943
....., 19..... to June 11, 1943

that I last saw her alive on June 11, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, Hypostatic Duration 3 days

Due to

Due to Senility

Other conditions Myocarditis, Chl
(Includes pregnancy within 3 months of death) Nephritis

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?

23. Signature Normand Miller (M. D. or other) M10

Address 3610 S. Broadway Date signed 6-12-43

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

MOTHER FATHER

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 Thomas R. Fenwick
Licensed Embalmer No. 3793
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.