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FILED FEB 11 1948
Registration District No. 1948

Primary Registration District No.

1003

Registrar's No.

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:
City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Rudolph P. Stone

3. (b) If veteran, name war ***** 3. (c) Social Security No. ?????

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

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

7. Birth date of deceased August 15th 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 5 12 hr. min.

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

10. Usual occupation Plumber

11. Industry or business Unemployed

12. Name Albert Stone

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

14. Maiden name Anna Winquist

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

16. (a) Informant Rose Beath

(b) Address 3666 Roswell Ave

17. (a) Burial (b) Date thereof 1-31-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Petz Brothers

(b) Address 3029 Lafayette Ave

19. (a) FEB 1 1948 (b) J. Beed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 175
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 025
(d) Street No. 911 Market St (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 27th day January
year 1944 hour 10:00 minute A. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw him..... alive on....., 19....., and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration.....

Relay Pneumonia
relational
primary
106

Due to.....

Due to.....

Other conditions (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?.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature Alfred Perry (M. D. or other).....

Address Deputy Coroner Date signed 1/29/44

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

MOTHER FATHER

1015

1015

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.....

Francis J. Durn

Licensed Embalmer No.....

2245

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.