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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12212

FILED MAR 20 1944

Registration District No. 577

Primary Registration District No. 6076

Registrar's No. 648

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: West Walnut Manor
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5655 Wilburn Dr.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis

(c) City or town: West Walnut Manor
(If outside city or town limits, write "RURAL")

(d) Street No.: 5655 Wilburn Dr.
(If rural, give location)

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

If yes, name country: ○

3. (a) PRINT FULL NAME: Mary E. 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: Widow

6. (b) Name of husband or wife: Frank Stone

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

7. Birth date of deceased: June (Month) 17 (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
67	8	26	..... hr. ..... min.

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

10. Usual occupation: Housewife

11. Industry or business: .....

MOTHER FATHER

12. Name: Morton Hennemeyer

13. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)

14. Maiden name: Helen Mueller

15. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant: Helen Littell

(b) Address: 5655 Wilburn

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-16-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Rolla, Missouri

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

(b) Address: 4700 Washington Blvd.

19. (a) MAR 15 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Mch day: 13 year: 1944 hour: 6:30 minute: P. M.

21. I hereby certify that I attended the deceased from Sept 5, 1943, to Mch 13, 1944 that I last saw her alive on Mch 13, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Myocarditis	1 wk
Due to: Chronic arthritis	5 yr
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: Roy E. Fuller (M. D. or other) Date signed: 3/14/44

Address: 6683 Lillian

(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 Albert G. Kappe

Licensed Embalmer No. 2971

P. O. Address.....

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.