S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7087 2184

FILED MAR 11 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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

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: 1528 Tamm Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution nil (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1528 Tamm Ave. 4
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME May R. Stone
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Howard B. Stone
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased July 24 1887 (Month) (Day) (Year)

8. AGE: Years 60 Months 7 Days 4 If less than one day hr. min.

9. Birthplace Minneapolis, Minn. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name ? Robbins
13. Birthplace Ohio (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Alice Craig
15. Birthplace Ky. (City, town, or county) (State or foreign country)
16. (a) Informant Howard Stone
(b) Address 1528 Tamm Ave.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 3-1-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Vallhala Crem.
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester
19. (a) MAR 1 1948 (Date received local registrar) (b) J. F. Brenck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28 year 1948 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from 27-Feb 1948, to 28-Feb 1948, that I last saw her alive on 27-Feb 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	1 day
Due to Hypertension	2-3 yrs.
Due to Generalized arteriosclerosis	2-3 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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PHYSICIAN
Underline the cause of 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 0

23. Signature George Wellgatt (M. D. or other) MD
Address 4501 Manchester St. Louis Mo Date signed 28 Feb 48

Jefferson City Printing Co. (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 H. C. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.