

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25183

FILED AUG 8 1950

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3063 Registrar's No. 1812

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>	
c. LENGTH OF STAY (In this place) <u>13</u>		d. STREET ADDRESS (If rural, give location) <u>358 S. Harrison Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>			

3. NAME OF DECEASED a. (First) <u>FRANK</u> (Type or Print)			b. (Middle) _____			c. (Last) <u>STONE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 25 1950</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>Col.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 23 1900</u>		9. AGE (In years last birthday) <u>49</u>		10. MONTHS <u>11</u>		11. DAYS <u>2</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Labor</u>			11. BIRTHPLACE (State or foreign country) <u>Columbia Miss.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>James Stone</u>			13b. MOTHER'S MAIDEN NAME <u>Maecia Jones</u>			14. NAME OF HUSBAND OR WIFE <u>Reaie Stone</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>491-162-6223</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Reaie Stone</u>		ADDRESS <u>358 S Harrison Ave</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>				<u>2 years</u>	
		DUE TO (c) _____				<u>442X</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertrophy and dilatation of the heart</u>				<u>1 1/2 year</u>	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>442X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7/24/50 11:30 AM</u>				21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____	
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22. I hereby certify that I attended the deceased from 7-11-1950, to 7-24-1950, that I last saw the deceased alive on 7-24-1950, and that death occurred at 11:30 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>William H. Brown</u>		(Degree or title) _____		23b. ADDRESS <u>601 Beantwood, Clayton</u>		23c. DATE SIGNED <u>7/25/50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 29 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>7-27-50</u>		REGISTRAR'S SIGNATURE <u>Robert K. Clarke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John W. Hemphill</u>		ADDRESS <u>408 S. Fillmore</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

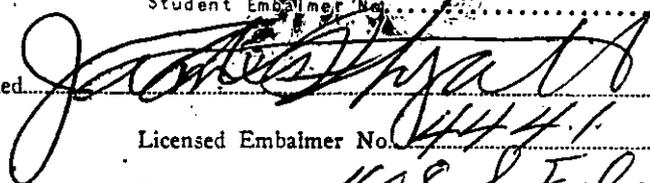
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....



Licensed Embalmer No. 4441

P. O. Address 408 S. Filmore

Signed.....
Student Embalmer

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.