

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25352

FILED JUN 11 1951  
Stone

318

1003

Registrar's No. 5798

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____				
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 1-MON.		c. CITY (If outside corporate limits, write RURAL and give township) TOWN St. Louis 2109				
d. FULL NAME OF HOSPITAL OR INSTITUTION: Little Sisters of Poor			d. STREET ADDRESS (If rural, give location) 3962 Garfield Ave.					
3. NAME OF DECEASED (Type or Print) Leon		a. (First) b. (Middle) A. c. (Last) Stone		4. DATE OF DEATH (Month) (Day) (Year) June 27, 1951				
5. SEX M. 0	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED W. 2	8. DATE OF BIRTH Aug. 29, 1884	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 9 Days 28			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0				
12. CITIZENSHIP OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Blair Stone		13b. MOTHER'S MAIDEN NAME Effie Hall				
14. NAME OF HUSBAND OR WIFE Mrs. Agnes Stone		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unk.		16. SOCIAL SECURITY NO. Unk.				
17. INFORMANT'S SIGNATURE OR NAME Sister M. Edward, 3225 N. Florissant Ave.		17. ADDRESS						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-vascular-renal disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			INTERVAL BETWEEN ONSET AND DEATH ??? ???		
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 4:45 PM		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 449X				
22. I hereby certify that I attended the deceased from June 12, 1951, to June 27, 1951, that I last saw the deceased alive on June 25, 1951, and that death occurred at 5:45 P.M., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Bernard A. Stone M.D.			23b. ADDRESS 2435 N. Grand Blvd.		23c. DATE SIGNED 6-28-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0		24b. DATE June 29, 1951		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery				
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		DATE REC'D BY LOCAL REG. JUN 28 1951		REGISTRAR'S SIGNATURE J. B. Laster				
FUNERAL DIRECTOR'S SIGNATURE Arden J. Donnelly		ADDRESS 3840 Lindell Blvd.						

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.....  
Student Embalmer

Signed

*John J. Haines*

Licensed Embalmer No. *4108*

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.