

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

25438

61

1. PLACE OF DEATH

County St. Louis

Registration District No. 1160

Township Central

Primary Registration District No. 4470

City University City No. 6919

Clay Ave

File No.

Registered No.

St. Ward)

2. FULL NAME

Albert E. Stevenson

(a) Residence No. 6919 Clay St., Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Hattie B. Stevenson

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

April 28-1867

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>60</u>	<u>3</u>	<u>15</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Engineer
 (b) General nature of industry, business, or establishment in which employed (or employer) Wagner Electric
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Penn

10. NAME OF FATHER

John Stevenson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Penn

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Unknown

14.

INFORMANT Grace Stevenson
 (Address) 6919 Clay Ave

15.

FILED 8-15-27 C. Fulham (Spence)
 REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 13-1927

17.

I HEREBY CERTIFY, That I attended deceased from Aug 12, 1927, to Aug 12, 1927, that I last saw him alive on Aug 12, 1927, and that death occurred, on the date stated above, at 6:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Peritonitis due to perforating of bowel due to unobtainable by self. (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

None (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) W. C. ... M. D.

8-12-1927 (Address) 4400 North Lupton Blvd

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Valhalla

DATE OF BURIAL

Aug 15 1927

20. UNDERTAKER

C. R. Lupton

ADDRESS

4449 Oliv St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 2

1927

O. F. ... 13 off

1. Was death due to suicide?²

25438

No--he had bowel trouble and inserted some kind of catheter-like instrument to relieve the bowel and accidentally perforated the bowel.

Requested to make copy of certificate
dated by check marks, lacking from the death certificate:

Name: Albert E. Stevenson

Who died at: University City, Mo., on Aug 13, 1927,

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Peritonitis due to perforation of bowel due to instrumentation by self

Contributory: _____

Where was disease contracted? _____