

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

Do not use this space.

38674

**1. PLACE OF DEATH**

County..... Registration District No. 7.91  
Township..... Primary Registration District No. 1003  
City St. Louis (No. 1292 Goodfellow)

File No.....  
Registered No. 11376  
St..... Ward)

**2. FULL NAME** Emma D. Stevens

(a) Residence. No. 1292 Goodfellow E. St. 5 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 27 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
68 9 20

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Mo

10. NAME OF FATHER unknown

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Med. Jelen  
(Address) 1292 Goodfellow Ave

15. FILED 20 1932 Max B. Starkoff  
REGISTER

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) See 17 1927

17. I HEREBY CERTIFY That I attended deceased from Apr 9, 1927 to Dec 18, 1927 that I last saw h. alive on Dec 9, 1927, and that death occurred, on the date stated above, at 9:50 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Arterio-sclerosis  
97 about  
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 9/13  
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH? no

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
12/19/27 (Signed) D. C. Gledhill, M. D.  
(Address) 4509 Page

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bellefontaine cemetery DATE OF BURIAL Dec 20 1927

20. UNDERTAKER Callumane Bros ADDRESS 1704 N. Grand 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.

Dr. Todd

Taylor & Boyd a  
Dr. Todd