

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

Do not use this space.

25994
7860

1. PLACE OF DEATH

County.....

Registration District No. 791

File No.

Towaship.....

Primary Registration District No. 203

Registered No.

City St Louis (No. 6242 Cabanne)

St. Ward)

2. FULL NAME

Charles F. Stephens

(a) Residence. No. 6242 Cabanne St. 3 Ward.

(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 Emma P. Stephens

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 21 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 5 9

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

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

10. NAME OF FATHER William H. Stephens

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

12. MAIDEN NAME OF MOTHER Katherine Brookshier

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

14. INFORMANT Charles F. Stephens (Address) 6242 Cabanne

15. FILED UL 31 182 May 21 1928 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2. 16. DATE OF DEATH (MONTH, DAY AND YEAR) July 30th 1928

17. I HEREBY CERTIFY That I attended deceased from June 22nd 1928 to July 30 1928 (that I last saw alive on July 29th 1928, and that death occurred, on the date stated above, at 12:40 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131 Chronic Myocarditis
935 (duration) yrs. 3 mos. 7 ds.

CONTRIBUTORY (SECONDARY) Chronic nephritis
(duration) yrs. 2 mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED? Ill.
IF NOT AT PLACE OF DEATH...
DID AN OPERATION PRECEDE DEATH? No DATE OF...
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Spectroscopy and biopsy
(Signed) A. P. Munsch, M. D.
July 30 1928 (Address) 306 Humboldt Ave

*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 DATE OF BURIAL
Calvary August 1928

20. UNDERTAKER Mullen and Co ADDRESS 5165 Delmar

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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

