

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

Do not use this space.

38073

1. PLACE OF DEATH

County St. Louis Registration District No. 189
 Township Central Primary Registration District No. 00328
 City Vanita Park (No. 8230, Bushanan) St. _____ Ward)

File No. _____
 Registered No. 045

2. FULL NAME Mary E. Stevens

(a) Residence No. 8230 Bushanan 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 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 Charles Stevens
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 21-1855
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 4 6

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) Missouri

10. NAME OF FATHER Dont know
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dont know
 12. MAIDEN NAME OF MOTHER Dont know
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dont know

14. INFORMANT Miss Edna Stevens
 (Address) 8230 Bushanan St.

15. FILED 11/29 1928 Wella Tracy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 27 1928
 17. I HEREBY CERTIFY, That I attended deceased from Nov 24 1928, to Nov 27 1928, and that I last saw him alive on Nov 26 1928, and that death occurred, on the date stated above, at 8:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia
1928
107A

CONTRIBUTORY (SECONDARY) Cancer of Stomach (duration) yrs. mos. ds. 3
7 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED HH
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) Dr. H. H. H. H. M. D.
11/28 1928 (Address) 2601 Chestnut St.

*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 Bellefontaine Cem. DATE OF BURIAL Nov 30 1928

20. UNDERTAKER Geo. L. Pleitsch ADDRESS 5966 Easton

WRITE MAINLY, 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, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Handwritten text at the top right, possibly a date or reference number, including "1980".