

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

Do not use this space.

40561

File No. 12
Registered No. _____
St. _____ Ward _____

PLACE OF DEATH

County St. Louis Registration District No. 785
Township Bonhomme Primary Registration District No. 3037
City Kirkwood (No. 110 E. Madison)

2. FULL NAME

John P. Stephens
(a) Residence No. 110 E. Madison 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 M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 18-1879

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>51</u>	<u>6</u>	<u>16</u>	

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

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

10. NAME OF FATHER Harman Stephens

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

12. MAIDEN NAME OF MOTHER Margaret Gutierrez

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

14. INFORMANT Mrs. Jane K. Stephens
(Address) 110 E. Madison Kirkwood

15. FILED 1-10-1931 C. E. Barnett M. D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 14 1930

17. I HEREBY CERTIFY, That I attended deceased from 11-1-1930 to 12-4-1930 and that I last saw him alive on 11-27-1930 at 7:20 P. M. death occurred, on the date stated above, at _____

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Presumed Lobes

108
9.512
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) acute lobes deletion
(duration) _____ yrs. _____ mos. _____ ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Lab & Clin tests
(Signed) _____ M. D.

*State the DISEASE CAUSING DEATH, of the character of the wound, if any, and (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Hill Cemetery DATE OF BURIAL 12/7/1930

20. UNDERTAKER Louis H. Ropp ADDRESS Kirkwood Mo

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.

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