MAR 27 1931

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

Do not use this space.

6934

1. PLACE OF DEATH
County St Louis — Registration District No. 789 — File No.
Township Central — Primary Registration District No. 60338 — Registered No. 69
City (No. 6419 Curtis Ave St. Ward)

2. FULL NAME Charles W. Stephenson
(a) Residence. No. 6419 Curtis Ave 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 22, 1930
7. AGE: YEARS 1 — MONTHS 0 — DAYS 23 ~~24~~ — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) St. Louis, Co.
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Charles A. Stephenson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ronbauer
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Virginia E. Aubuchon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Missouri

14. INFORMANT Mr. Charles A. Stephenson
(Address) 6419 Curtis Ave

15. FILED 2/16, 1931 Rolla Bracy, M. D. REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-15 1931

17. I HEREBY CERTIFY, That I attended deceased from 2-5, 1931, to 2-15, 1931, that I last saw him alive on 2-14, 1931, and that death occurred, on the date stated above, at 6:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia (Broncho)
atites media
107A
89A
(duration) yrs. mos. 1 ds.
CONTRIBUTORY (SECONDARY) Post Measles.
(duration) yrs. mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? none
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
(Signed) Geo H. Kinkerfuss, M. D.
2-15, 1931 (Address) 7303 Natural Bridge

*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: St. Peters Cemetery — DATE OF BURIAL: 2-17 1931
20. UNDERTAKER: Geo. L. Pleitsch — ADDRESS: 5966 Easton ave.

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.