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

Do not use this space.

19878

File No. 5903

Registered No.

791
1003

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St Louis (No. St. Ward) St. Paul Hospital

2. FULL NAME George C. Stevenson

(a) Residence. No. 3044 Watson Blvd St., 3 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Mary Stevenson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 1 - 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	76	1	21	

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

9. BIRTHPLACE (CITY OR TOWN) Philadelphia
(STATE OR COUNTRY) Pa.

PARENTS

10. NAME OF FATHER Walter Stevenson

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

12. MAIDEN NAME OF MOTHER Jean Campbell

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

14. INFORMANT Mrs. Mary Stevenson
(Address) 3044 Watson Blvd

15. FILED MAY 24 1931 Chas. C. Stifel
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 22 1931

17. I HEREBY CERTIFY, That I attended deceased from May 22, 1931, to May 22, 1931, that I last saw him alive on May 22, 1931, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
A30
42A
6A (duration) 4 hours yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Colon, rectum, prostate
myocardial chronic (duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical exam

(Signed) Clement Kane, M. D.

May 23, 1931 (Address) 1117 N Grand

*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 Cemetery — DATE OF BURIAL May 25 1931

20. UNDERTAKER Petz Bros. — ADDRESS 3039 Lafayette

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.