

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

Do not use this space.

2314

1. PLACE OF DEATH

County St. Louis Registration District No. 790 File No. _____
 Township Central Primary Registration District No. 6233 Registered No. _____
 City Clayton (No. St. Louis County Hosp. St. _____ Ward _____)

2. FULL NAME

Emma Stephens
 (a) Residence, No. 614 Fair Oaks 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles F. Stephens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 6 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

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

13. NAME Thomas Petony

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

15. MAIDEN NAME Ellen M. Carty.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

17. INFORMANT (ADDRESS) Francis Stephens
614 Fair Oaks Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 1/20 1932

19. UNDERTAKER (ADDRESS) Murphy and Co.
5165 Delmar Blvd.

20. FILED Jan. 18 1932 R. W. Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17 - 1932

22. I HEREBY CERTIFY That I attended deceased from Aug 19³¹ to Jan 17 1932
 I last saw him alive on Jan 17 1932 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Uremia
Acute Nephritis
Lobar Pneumonia
Pyletic
St. had foul odor
Atrophic vascular
at onset of illness

Date of onset
Jan 9
Jan 3 1932
Jan 1 1932
Aug 1931

Other contributory causes of importance:

St. had foul odor
Atrophic vascular
at onset of illness

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify _____

(Signed) B. Malone M. D.

(Address) 607 7th Grand

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.

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

96.
 7 2
 FEB 25 1932

Psikilanthus atrophicaeus
vasculare