

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

Do not use this space.

6577

**1. PLACE OF DEATH**

County..... Registration District No..... *781*  
 Township..... Primary Registration District No..... *1033*  
 City..... St. Louis, Mo. (No. U.S. Marine Hospital, 3640 Marine Ave., St. ..... 10 ..... Ward)

File No.....  
 Registered No. 1649

**2. FULL NAME** Stanley Stephens

(a) Residence, No. None St. 24 Ward. None  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. 5 mos. 20 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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6, 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
25 27 1

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General labor on farm  
 10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation. Unknown

12. BIRTHPLACE (CITY OR TOWN) New York  
 (STATE OR COUNTRY) New York

13. NAME Unknown

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Unknown

17. INFORMANT Major Fred Prather, Med. Officer  
 (ADDRESS) 3640 Marine Ave.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE National Cem. DATE 2-20 1932

19. UNDERTAKER C. Hoffmeister, W. K. Co.  
 (ADDRESS) 7011 Olive St. St. Louis, Mo.

20. FILED FEL 19 1932  
 Registrar W. C. Storkel

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7, 1932 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. 18, 1931, 19, to Feb. 7, 1932, 19.

I last saw him alive on Feb. 7, 1932, 19. Death is said to have occurred on the date stated above, at 10:15 AM

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

Tuberculosis, Pulm. 23A Date of onset Unknown

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? NO  
BY LABORATORY

23. If death was due to external causes (violence), fill in also the following: NO  
 Accident, suicide, or homicide? Date of injury

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 D  
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO  
 If so, specify

(Signed) J. J. Keenan, M. D.  
 (Address) U.S. Marine Hospital, St. Louis, Mo.

Certified: Sgt Prather, med. off. charge

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.

