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.

AUG 27 1932

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

Do not use this space.

20673

File No.

Registered No. 38

1. PLACE OF DEATH
County St. Louis
Township CENTRAL
City Maplewood (No. 2205 Alameda St. Ward)

Registration District No. 786
Primary Registration District No. 4469

2. FULL NAME William H. Stephenson.

(a) Residence, No. 2205 Alameda 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): MARRIED.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Emma Hehlina.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5 - 1865

7. AGE: Years 66 | Months 7 | Days 25 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Repr. - Elec. 172
10. Date deceased last worked at this occupation (month and year) June - 1930.
11. Total time (years) spent in this occupation 30 yr.

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

FATHER

13. NAME Not - Known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not - Known. 31

MOTHER

15. MAIDEN NAME Amanda Carson.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not - Known.

17. INFORMANT Mrs. Emma Stephenson.
(ADDRESS) 2205 Alameda Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters Cemetery DATE July 4th 1932

19. UNDERTAKER Gaughan Und. Co. Inc.
(ADDRESS) 7146 Manchester Ave.

20. FILED July 2 1932 Mercedes Schuster Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30 1932.

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7 30 p.m.

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

	Date of onset
Chronic Myocarditis	
934 930	

Other contributory causes of importance:

(5)

Nature of operation None 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) John O'Connell, M. D.
(Address) Coroner of St. Louis County