

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

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.

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

Do not use this space.

21402

1. PLACE OF DEATH

County Registration District No. **701**
Township Primary Registration District No. **008**
City **St. Louis,** (No. **1308 South Boyle av.,**) St. Ward)

File No.
Registered No. **5961** St. Ward)

2. FULL NAME **Antonius O. Stephenson,**

(a) Residence, No. St., **18** 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 **Levica Stephenson,**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **1853-10-20**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 8 5

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

12. BIRTHPLACE (CITY OR TOWN) **Virginia,** (STATE OR COUNTRY) **V**

FATHER 13. NAME **George Stephenson,**

14. BIRTHPLACE (CITY OR TOWN) **Unknown,** (STATE OR COUNTRY) **VI**

MOTHER 15. MAIDEN NAME **Unknown Oliver,**

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

17. INFORMANT **Levica Stephenson** (ADDRESS) **1308 S. Boyle av.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellefontaine** DATE **6/27/32,** 19

19. UNDERTAKER **Robert J. Ambrosy, Inc.** (ADDRESS) **Clayton Road at Concordia Lane**

20. FILED **26** 19**32** **Walter S. Stacker** Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 25th,** 19**32**

22. I HEREBY CERTIFY, That I attended deceased from **May 1st**, 19**32**, to **June 25th,** 19**32**
I last saw him alive on **June 24th**, 19**32**. Death is said to have occurred on the date stated above, at **9 A. m.**

The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Arterio Sclerosis
Senile Dementia
Date of onset: **1930**
1928
Other contributory causes of importance: **1931**

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 **65 Methods**
(Signed) **Chouteau Trust Bldg.**, M. D.
(Address) **Chouteau Trust Bldg.**

