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.

FEB 27 1934

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

Do not use this space. C

File No. 3255

Registered No. 915

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. #5211 Enright Ave. St. ..... Ward)

2. FULL NAME James A. Stephenson

(a) Residence, No. #5211 Enright St., Ave. Ward. IV
(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): Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Georgia Y. Stephenson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9th 1843.

7. AGE: Years 90. Months 5. Days 16. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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) Upperville, Va.

FATHER

13. NAME William Stephenson.

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

MOTHER

15. MAIDEN NAME Mary Grayson. (unknown).

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

17. INFORMANT Fred T. Stephenson
(ADDRESS) #5211 Enright Ave.

18. BURIAL, CREMATION, OR REMOVAL Crem.
PLACE Bellefontaine DATE 1-27-1934

19. UNDERTAKER W. R. Lipton & Sons
(ADDRESS) #4449 Delmar Blvd.

20. FILED ..... 19..... J. F. Biedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 25, 1934

22. I HEREBY CERTIFY That I attended deceased from Nov 10, 1933, to Jan 25, 1934

I last saw him alive on Jan 23, 1934. Death is said to have occurred on the date stated above, at 7 a.m.

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

	Date of onset
Carcinoma right face	2 yrs
no cervical glands when seen	
46 F	
Cancer involving [illegible]	4 yrs
[illegible]	

Other contributory causes of importance:

Primary site of cancer inside of left cheek

Name of operation — Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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? —

If so, specify —

(Signed) Kevin H. Brown, M. D.

(Address) 102 No Bemiston

1 – 3! – Old Times Bldg.
102 N. [illegible]