

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

Do not use this space.

MAY 8 1934

17939

1. PLACE OF DEATH

County St. Louis Registration District No. 785 File No. 17939
Township Randolme Primary Registration District No. 6031 Registered No. 120
City Manchester (No. Manchester Nursing Home) St. _____ Ward _____

2. FULL NAME

Stephenson, Edward
(a) Residence, No. 1327 Gray 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 8 23

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

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) Paris (STATE OR COUNTRY) Indiana

13. NAME Samuel Yard.

14. BIRTHPLACE (CITY OR TOWN) Charriaburg (STATE OR COUNTRY) Penn.

15. MAIDEN NAME Catherine Cunningham

16. BIRTHPLACE (CITY OR TOWN) Charriaburg (STATE OR COUNTRY) Penn.

17. INFORMANT Mr. Andrew S. Yard. (ADDRESS) 1320 Midland dr.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gray Summit, Mo. DATE May 8, 1934

19. UNDERTAKER Geo. L. Pleitach, Inc. (ADDRESS) 5966 Easton Ave.

20. FILED 5/7 1934 Aynes C. Kelly, Deft. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1934, to May 6, 1934

I last saw him alive on May 6, 1934. Death is said to have occurred on the date stated above, at 10A m.

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

Chronic myocarditis (Heart block) (?)

Other contributory causes of importance Arteriosclerosis

Name 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? If so, specify _____

(Signed) B. P. Loving, M. D.
(Address) Ballwin, Mo.

OCCUPATION

FATHER

MOTHER

3

of onset
PBC

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.

