

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

Do not use this space.

**791
1003**

21947

1. PLACE OF DEATH

County..... Registration District No. **1003**
Township..... Primary Registration District No.....
City **St Louis** (No. **6056 Arthur Ave**)..... St. Ward.....

File No.....
Registered No. **5695**.....
St. Ward.....

2. FULL NAME

Shirley Jean Stephens
(a) Residence, No. **6056 Arthur Ave** St. **14** 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 Female	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		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19, 1933		
7. AGE YEARS 1	MONTHS 3	7. AGE YEARS 18

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dooped	11. Total time (years) spent in this occupation 11
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 13	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Louis Mo**

MOTHER FATHER
13. NAME **Charles B. Stephens**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

15. MAIDEN NAME **Alice Jacobson**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kansas City Mo**

17. INFORMANT (ADDRESS) **Charles B. Stephens 6056 Arthur Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St Louis** DATE **6-8-34**

19. UNDERTAKER (ADDRESS) **Wm. J. Martini 4238**

20. FILED **1934** Registrar **J. H. Beddeck**

3 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from **Jan 5, 1934** to **Jan 6, 1934**
I last saw her alive on **Jan 6, 1934**. Death is said to have occurred on the date stated above, at **10:35 A. m.**

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

**Acute Pyelonephritis Me3
Enteritis
Congenital Microcephaly**

Other contributory causes of importance: **157011**

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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) **John Johnson**, M. D.
(Address) **536 N. Taylor**

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

Taylor Ave

123° to 2