

JUN 12 1935

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

Do not use this space.

18159

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City *St. Louis* (No. *Mo. Baptist Hosp*)..... St. .... Ward)

File No.....  
Registered No. **4503**.....

2. FULL NAME *Benjamin Stephens*

(a) Residence, No. *4037 N. Taylor* St., *10* Ward.

Length of residence in city or town where death occurred *Life* yrs. *60* mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Cecilia Stephens*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 15, 1870*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
*64 - 64 2 3*

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Evans & Howard Fire Clay*

10. Date deceased last worked at this occupation (month and year) *3-16-35* 11. Total time (years) spent in this occupation.....

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

13. NAME *Benjamin Stephens*

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

15. MAIDEN NAME *Isabel Johnson*

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

17. INFORMANT (ADDRESS) *Cecilia Stephens 4037 N. Taylor*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Peters Cemetery* DATE *5-21-1935*

19. UNDERTAKER (ADDRESS) *Treuhauer's Mortuaries 4228 E. Kings Highway*

20. FILED BY *J. Brebeck* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5-18*, 19*35*

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 *5:30 P.M.*

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

*Hemorrhage of Aorta and fractured & dislocated spine, head white lowering floor at Evans & Howard Fire Clay May 16, 1935 about 7:30 A.M.*

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? *Yes*

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

Accident, suicide, or homicide? *Regt.* Date of injury *5/16, 1935*

Where did injury occur? *St. Louis Mo.* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. *Industry*

Manner of injury.....

Nature of injury *see above*

24. Was disease or injury in any way related to occupation of deceased? *yes*

If so, specify *see above*

(signed) *Harold G. Smith* M.D.

(Address) *St. Louis*

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.

WHILE FEMALE, WITH UNFADING HAIR—THIS IS A PERMANENT RECORD

