

APR 25 1936

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

Do not use this space.

12372

## 1. PLACE OF DEATH

County Saint LouisRegistration District No. 790

File No.

Township

Primary Registration District No. 60339Registered No. 128

City

(No. Saint Louis County Hospital)

St.

Ward

2. FULL NAME Robert Stevenson(a) Residence, No. 1345 Angus Avenue, 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (or) WIFE OF Daisy Stevenson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
About 48

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

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

10. Date deceased last worked at this occupation (month and year) April 21, 1936

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) Russellville  
(STATE OR COUNTRY) Kentucky

13. NAME John Stevenson

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

15. MAIDEN NAME Evelyn Littlejohn

16. BIRTHPLACE (CITY OR TOWN) Unavailable  
(STATE OR COUNTRY) Kentucky

17. INFORMANT Daisy Stevenson  
(ADDRESS) 1345 Angus Avenue

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Russellville, Ky DATE 4/15 36

19. UNDERTAKER Charles G. Galle  
(ADDRESS) 4107 Finney Avenue

20. FILED 7/4 1936 D. J. Aguiorello  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-1 1936, to March 30, 1936

I last saw him alive on March 30, 1936 Death is said

to have occurred on the date stated above, at 2:30 A.M.

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

Date of onset

Septic Infection

Other contributory causes of importance:

Injured teeth

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Culture Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? XXX 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) Albert Pina Bina, M. D.(Address) 1841 South 12th Boulevard  
Saint Louis, Missouri

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT  
5712 S. DICKINSON ST.  
CHICAGO, ILL. 60637

TEL: 773-936-3700

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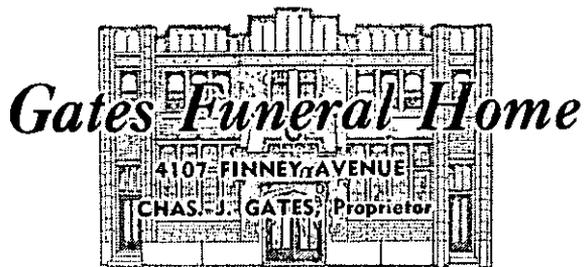
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ST. LOUIS, MO. April 1st, 1936

Division of Vital Statistics,

Gentlemen:

Please issue Shipping Permit  
to ship the Remains of Robert Stevenson  
to Russellville, Kentucky.

The body has been emblamed accord-  
ing to the provisions of the law.

License 1825.

*Chas J. Gates*  
Gates Funeral Home.

S-12372

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 08-01-2001 BY 60322  
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