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.

MAR 28 1936

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

Do not use this space.

12818

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 12818

Township ..... Primary Registration District No. 1003 Registered No. 2871

City St Louis (No. City Hosp St. ..... Ward)

A 19596

2. FULL NAME Clarence Stephens

(a) Residence, No. 4029 N Potomac St., ... Ward. 17
(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 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 Barbara Stephens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27, 1900

7. AGE YEARS 36 MONTHS 1 DAYS 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Geo Stephens
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

MOTHER
15. MAIDEN NAME Mirrorie Siemens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

17. INFORMANT (ADDRESS) Hosp Dr [illegible] City Hosp

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE 3-18 1936

19. UNDERTAKER (ADDRESS) Ziegenhein Bros. 2623 Cherokee

20. FILED MAR 16 1936 J F Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/15/36 19

22. I HEREBY CERTIFY, That I attended deceased from 3/14, 1936 to 3/15/36, 19
I last saw him alive on 3/15, 1936. Death is said to have occurred on the date stated above, at 6 40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus	
Septicemia	
secondary to acute Pharyngitis	

Other contributory causes of importance: 1150

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) H L Josly, M. D.
(Address) City Hosp #1