

AUG 18 1936

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

Do not use this space.

28308

791
1003

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. City Hospital #1)
St. Ward)

File No.....
Registered No. 7066
St. Ward)

2. FULL NAME Edward Harmon Stephans,
(a) Residence, No. St. N.R. Ward. O'Fallon, Mo.
(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) Div.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hattie Stephans

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct, 18, 1883

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>53</u>	<u>8</u>	<u>14</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trucking
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) Mo
(STATE OR COUNTRY)

13. NAME Harmon Stephans,

14. BIRTHPLACE (CITY OR TOWN) Mo
(STATE OR COUNTRY)

15. MAIDEN NAME Margaret Guthermuth

16. BIRTHPLACE (CITY OR TOWN) Germ
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) August Stephans, 540 So. Harrison, Kirkwood

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph, O'Fallon Mo DATE 7/14/36

19. UNDERTAKER (ADDRESS) Louis A. Bopp, Kirkwood, Mo.

20. FILED JUL 13 1936 J. Bredeck Registrar.

No Phy. attending MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 1936

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 8:45 p.m.

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

Heart Stroke

Other contributory causes of importance: 191

Name of operation..... 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) Harold P. Chubb, M. D.

(Address) O'Fallon

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.

