WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

AUG 18 1936

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

791
1003

Do not use this space.
28329

File No. 7087
Registered No.

1. PLACE OF DEATH
County
Township
City St. Louis (No. 5861 Cates Ave St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME CHARLES LEE STEVENSON
(a) Residence, No. 5660 Kingsbury St., 5 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 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*): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Fannie Stevenson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 7, 1850

7. AGE: Years 84 | Months 8 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: general
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Merchant
10. Date deceased last worked at this occupation (month and year): July 1933
11. Total time (years) spent in this occupation: 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wayne County Mo.

FATHER
13. NAME: James Stevenson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT: Mrs. L.D. Marlowe
(ADDRESS) 5660 Kingsbury

18. BURIAL, CREMATION, OR REMOVAL
PLACE DesArc, Mo. DATE July 13, 1936

19. UNDERTAKER: Alexander and Sons
(ADDRESS) 6175 Delmar Blvd

20. FILED JUL 13 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1936, to July 12, 1936
I last saw him alive on July 12, 1936. Death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia (Terminal) — Date of onset July 10-1936

Other contributory causes of importance:
Senility general debility arteriosclerosis.

Name of operation none Date of
What test confirmed diagnosis? none 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. None
(Signed) Edwin Schmidtke, M. D.
(Address) 3720 Washington St. Louis, Mo.