

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

Do not use this space.

32599

1. PLACE OF DEATH

County ISOLATION HOSPITAL

Registration District No. 791

Township

Primary Registration District No. 1003

City St. Louis, Mo.

(No. Isolation Hospital)

File No.

Registered No. 8653

St. Ward

2. FULL NAME

Gus Stevens

(a) Residence, No. 1728 So. 9th St.

St. 23

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

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

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

May 15, 1918

7. AGE

YEARS

19

MONTHS

3

DAYS

29

If LESS than 1 day, ... hrs. or min.

OCCUPATION

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

Nil

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, Missouri.

FATHER

13. NAME

Tom Stevens

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

Las Vegas, New Mexico.

MOTHER

15. MAIDEN NAME

Mary Lucas

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

Illinois.

17. INFORMANT (ADDRESS)

B. Buttenuth.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cem. DATE Sept. 16, 1937

19. UNDERTAKER (ADDRESS)

Arthur J. Donnelly Undt. Co., 3840 Lindell Blvd.

20. FILED

SEP 15 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Sept. 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1937, to Sept. 14, 1937

I last saw him alive on Sept. 14, 1937. Death is said to have occurred on the date stated above, at 9:45 A. M.

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

Typhoid Fever.

Date of onset 8-11-37

Other contributory causes of importance:

Name of operation None.

Date of

What test confirmed diagnosis? Clinical. 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)

Henry J. Lynch

M. D.

(Address)

5640 Armand

