

OCT 26 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. LouisTownship CentralCity ClaytonRegistration District No. 790Primary Registration District No. 60335(No. 8005 Kingsbury Blvd.St. Clayton WardFile No. 35305Registered No. 3402. FULL NAME Pattie H. Stevens,(a) Residence, No. 8005 Kingsbury St., Clayton Ward.

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

Fem

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 OFHiram L. Stevens

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

Oct 4, 1854.

7. AGE

YEARS

MONTHS

DAYS

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

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.n --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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Virginia

FATHER

13. NAME

Benj. Hatcher.14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Virginia

MOTHER

15. MAIDEN NAME

Mary Fore16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Virginia17. INFORMANT
(ADDRESS)J. Ellis Stevens
8005 Kingsbury Blvd.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hiram CemtyDATE 9/25/3719. UNDERTAKER
(ADDRESS)Louis H. Sopp
Clayton

20. FILED

Sept 19 37 H. L. Meador
Registrar

MEDICAL CERTIFICATE OF DEATH

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

Sept 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Sept 1, 1937 to Sept 22, 1937
I last saw him alive on Sept 20, 37 Death is saidto have occurred on the date stated above, at 1 P. m.

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

Date of onset

Paralysis of Rt. Side
Cerebral Hemorrhage
Sept 1937

Other contributory causes of importance:

Highways of old age

Name of operation

Date of

What test confirmed diagnosis? Physical There an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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. Meador M. D.(Address) 2 So. Central Ave
Clayton MO

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.

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pe en mly enbbiq

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

35-305

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis
(b) Township Clayton
(c) City Clayton
(e) Length of residence in city or town where death occurred

Registration District No. 790
Primary Registration District No. 6033a

Registered No. 340

(d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Patty H. Stevens St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 11 18

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

9. Industry or business in which work was done, as 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 9/22 1937 Dr. J. Squicelli Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Paralysis of right side Date of onset 1932

Cerebral Hemorrhage

Other contributory causes of importance:

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. E. Meador, M. D.

(Address) St. Central Clayton

P
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