

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.

NOV 15 1937

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

36441
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City St. Louis (d) Street No. 5603a Cabanne Ave. St. **10018**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 22 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Curtis Stevens

(a) Residence, No. 5603a Cabanne Ave. St. **5** (Nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Annie A. Stevens</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 14, 1853</u>		
7. AGE YEARS <u>84</u>	MONTHS <u>3</u>	DAYS <u>14</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Ret'd Newspaper</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>man</u>		
10. Date deceased last worked at this occupation (month and year) <u>1-9-37</u>		11. Total time (years) spent in this occupation <u>19</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Melbourne, Arkansas</u>		
13. NAME <u>Curtis Stevens</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>		
15. MAIDEN NAME <u>Tennie Watkins</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>		
17. INFORMANT <u>Julia L. Stevens</u> (ADDRESS) <u>5603a Cabanne Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Brownsville, Tenn</u> DATE <u>Oct. 30, 1937</u>		
19. FUNERAL DIRECTOR <u>Alexander & Sons</u> (ADDRESS) <u>6175 Delmar Blvd</u>		
20. FILE NO. <u>1061 82 100</u> <u>J. Bredeek</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27, 1937

22. HEREBY CERTIFY, That I attended deceased from January 1, 1935, to Oct 28, 1937.
I last saw him alive on Oct 25, 1937. Death is said to have occurred on the date stated above, at 12:30 pm.
The principal cause of death and related causes of importance were as follows:
Arterio-sclerosis

Other contributory causes of importance: AM

Name of operation Clinal Date of no
What test confirmed diagnosis? Clinal 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? no
If so, specify
(Signed) D. Todd M. D.
(Address) Community Club Bldg

Dr D. C. Todd
5669 Cabanne

STATEMENT BY LICENSED EMBALMER

I, J. Wm Binkley, Licensed Embalmer No. 3653
hereby certify that the body recorded on the reverse side of this certificate was embalmed by self
..... L. E.
No. + Ernst Oltrman, Registered Apprentice No.
working under my personal supervision.

Signed J Wm Binkley
Licensed Embalmer No. 3653

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)