JAN 10 1938

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

43343
Do not use this space.

1. PLACE OF DEATH Homer G Phillips Hospital

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 11593

(c) City St. Louis (d) Street No. 2601 N Whittier St.
(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 12 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles Stevens Jr.

(a) Residence, No. 4230 W Belle St. 11
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
M	C	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10, 1919

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
18	6	6	

OCCUPATION

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

9. Industry or business in which work was done, as saw mill, bank, etc. Grocery store

10. Date deceased last worked at this occupation (month and year) October, 6, 1937

11. Total time (years) spent in this occupation 1-8 mos

12. BIRTHPLACE (CITY OR TOWN) New Port (STATE OR COUNTRY) Arkansas

FATHER

13. NAME Chas. Stevens Sr.

14. BIRTHPLACE (CITY OR TOWN) New Port (STATE OR COUNTRY) Arkansas

MOTHER

15. MAIDEN NAME Katie Nelson

16. BIRTHPLACE (CITY OR TOWN) New Port (STATE OR COUNTRY) Arkansas

17. INFORMANT Evelyn Williams (ADDRESS) 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE New Port, Ark. DATE Dec. 17, 1937

19. FUNERAL DIRECTOR Charles J. Gates (ADDRESS) 4107 Finney Avenue

20. FILED DEC 17 1937 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1937, to Dec. 16, 1937

I last saw him alive on Dec. 16, 1937. Death is said to have occurred on the date stated above, at 2:55a m.

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

	Date of onset
Pulmonary tuberculosis	10/13/37

Other contributory causes of importance

Name of operation ..... 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) A. L. Lewis, M. D.

(Address) 2601 N Whittier

(Licensed Embalmer's Statement on Reverse Side)

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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STATEMENT BY LICENSED EMBALMER

I, James A. Johnson, Licensed Embalmer No. 3522

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

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.)