

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

Do not use this space.

**1. PLACE OF DEATH**

County Jefferson, Mo  
Township Meramec  
City (No. , Ward)

Registration District No. 425  
Primary Registration District No. 5580

File No. 11 3158  
Registered No. 56

**2. FULL NAME**

Joseph E. Stedman 395  
(a) Residence, No. 7470 Stratford St., St. Louis County, Mo. Ward.  
(If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. 7 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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 5, 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
73 10 14

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

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

13. NAME Andrew Stedman

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

15. MAIDEN NAME Elizabeth Clare

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

17. INFORMANT Mrs. Tegethoff  
(ADDRESS) 7470 Teasdale Ave, U. City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE at home DATE 22 Jan 1938

19. UNDERTAKER Edw. J. Howard  
(ADDRESS) 4212 St. Louis Ave

20. FILED Jan 28 1938 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 18 Jan 1938

22. I HEREBY CERTIFY, That I attended deceased from January 15, 1938 to January 18, 1938  
I last saw him/her alive on January 17, 1938. Death is said to have occurred on the date stated above, at 12:45 p.m.

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

Broncho-pneumonia

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) Jewel Sargent M. D.  
(Address) St. Louis, 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.

RECEIVED

FEB 25 1938

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