CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D MAR 24 1938

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

8112
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis 3 Registration District No. 96
(b) Township 1 Primary Registration District No. Registered No. 332
(c) City Kirkwood (d) Street No. St. Agnes Home, 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary R. Stevens, 315
(a) Residence, No. St. Agnes Home St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Divourced Robert M.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1862-11-17

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
75	3	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
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) Kirkwood, Mo. 0

FATHER
13. NAME Robert S. Mitchell,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky. 1

MOTHER
15. MAIDEN NAME Eleanor Mathews 0
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Marsahll B. Stevens 1423 Hawthorne Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 2/21/38 19

19. FUNERAL DIRECTOR (ADDRESS) Robert J. Ambruster, Clayton Rd. at Concordia Lane

20. FILED 2-19 1938 T. R. Meyer M.D. D.P.H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1938, to February 18, 1938
I last saw her alive on February 17, 1938 Death is said to have occurred on the date stated above, at 8:55 A.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	2/3-38
Other contributory causes of importance: Hypersion	8/4-27

82 A1

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? no
If so, specify
(Signed) R. Wallace Sanders M. D.
(Address) University Club Bldg.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Robert J. Ambruster, Licensed Embalmer No. 1994

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

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Robert J. Ambruster

Licensed Embalmer No. 1994

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