

REC'D APR 11 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH9355
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No..... Registered No. **2944**
 (c) City **St. Louis** (d) Street No. **Homer G. Phillips Hospital** 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

Stevens 315
 (a) Residence, No. **1719a S 2nd St.** St. **23**
 (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 **M** 4. COLOR OR RACE **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **3-6-38**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. or6.....min.

OCCUPATION
 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) **St. Louis, MO.** (STATE OR COUNTRY)

FATHER
 13. NAME -----
 14. BIRTHPLACE (CITY OR TOWN) ----- (STATE OR COUNTRY) -----

MOTHER
 15. MAIDEN NAME **Maxine Stevens**
 16. BIRTHPLACE (CITY OR TOWN) **Ark.** (STATE OR COUNTRY)

17. INFORMANT **E. M. Sherard** (ADDRESS) **2601 N Whittier St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **City Cem** DATE **3-31-38** 19.

19. FUNERAL DIRECTOR **Ira Hamilton** (ADDRESS) **City Health Dept.**

20. FILER **J.P. Bredich** (Address) **2601 N Whittier St.**
MAR 29 1938 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3-6-1938**

22. I HEREBY CERTIFY, That I attended deceased from **3-6-1938**, to **3-6-1938**

I last saw h. **im** alive on **3-6-1938** Death is said to have occurred on the date stated above, at **2:36A.m.**

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

Prematurity

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis? **Clinical** 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) **J.P. Bredich**, M. D.
 (Address) **2601 N Whittier St.**

STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.
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
Licensed Embalmer No.

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.)