

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.

REC'D APR 11 1938

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City St. Louis, Mo. (No. 1536 Papin Street) St. Ward)

File No. **9429**
Registered No. **3018**

2. FULL NAME Preston Stepney **315**
(a) Residence, No. 3124 Brantner St. 21 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | | | |
|--|---|---|---|--|
| 3. SEX Male | 4. COLOR OR RACE Colored | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>September 9, 1873</u> | | | | |
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
| 64 | 6 | 15 | | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | | | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Labor</u> | | | |
| | 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) <u>Hinds County Miss.</u> | | | | |
| FATHER | 13. NAME <u>James Stepney</u> | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) | | | |
| MOTHER | 15. MAIDEN NAME <u>not known</u> | | | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Marys, Indiana</u> | | | |
| 17. INFORMANT (ADDRESS) | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Father's Dock</u> DATE <u>3-31</u> 19 <u>38</u> | | | | |
| 19. UNDERTAKER (ADDRESS) <u>Dr. Charles</u> | | | | |
| 20. FILER <u>J. B. Beckwith</u> Registrar | | | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24 1938

22. I HEREBY CERTIFY, That I attended deceased from March 17 1938, to March 24 1938
I last saw him alive on March 24 1938. Death is said to have occurred on the date stated above, at 1:25 P.M.
The principal cause of death and related causes of importance were as follows:
Date of onset

Hypertensive Head Disease

Other contributory causes of importance:
Nephritis acute which was caused by weakened heart action overworking kidney

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) Spencer S. Alexander, M. D.
(Address) St. Marys, Indiana

MAR 30 1938

The Body of Preston Stephany
has been Embalmed by me
at 2600 N Jefferson

License No 2928

A. Richardson