

DEC'D SEP 12 1938

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

27635  
Do not use this space.

## 1. PLACE OF DEATH

(a) County 1 Registration District No. 791  
(b) Township 1 Primary Registration District No. 1008  
(c) City St. Louis, (d) Street No. 6601 Alabama Avenue Registered No. 7649  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(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

Ida M. Stevens  
(a) Residence, No. 6601 Alabama Avenue St. 1  
(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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widowed</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Charles A. Stevens</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>March 17, 1870</b>				
7. AGE	YEARS <b>68</b>	MONTHS <b>5</b>	DAYS <b>10</b>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>At home</b>			
	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) <b>Colfax Illinois</b>				
FATHER	13. NAME <b>Frank White</b>			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Kentucky</b>				
MOTHER	15. MAIDEN NAME <b>? Williams</b>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Kentucky</b>			
17. INFORMANT <b>C. Merle Stevens - Son</b> (ADDRESS) <b>6601 Alabama Avenue, St. Louis, Mo</b>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Park Lawn Cemetery</b> DATE <b>Aug. 29, 1938</b>				
19. FUNERAL DIRECTOR <b>C. Hoffmeister U. &amp; L. Co.</b> (ADDRESS) <b>7814 S. Broadway, St. Louis, Mo</b>				
20. FILED <b>AUG 29 1938</b> <b>J. D. Buehler</b> Local Registrar.				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 27, 1938** 19

22. I HEREBY CERTIFY, That I attended deceased from **June 10, 1935** to **Aug. 27, 1938**.  
I last saw him alive on **Aug 25, 1938**. Death is said to have occurred on the date stated above, at **9:15a.m.**  
The principal cause of death and related causes of importance were as follows:  
**Coronary occlusion**  
Date of onset

Other contributory causes of importance:  
**Coronary artery disease**  
**Cardiac hypertrophy**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? **Symptoms** Was there an autopsy? **no**  
**spinal attack**

23. If death was due to external causes (violence), fire or 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) **J. D. Buehler**, M. D.  
(Address) **6402 Morganford**

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.

64025  
Hoffmeister

STATEMENT BY LICENSED EMBALMER

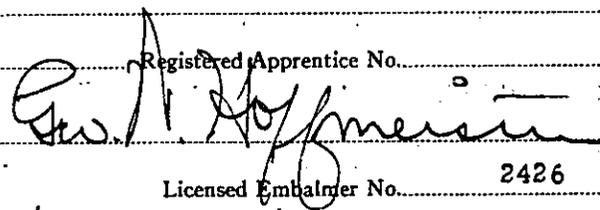
I, George W. Hoffmeister, Licensed Embalmer No. 2426

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed



Licensed Embalmer No. 2426

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.)