

SEP

3 1938 OCT 6 1938

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

33252

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis / Registration District No. 784
(b) Township Clayton / Primary Registration District No. 101 Registered No. 1499
(c) City Clayton (d) Street No. St. Louis County 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 John Stephens

(a) Residence, No. Pheiffer Pl. Pacific, Mo. 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Della Stephens</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7/9/1866</u>				
7. AGE	YEARS <u>72</u>	MONTHS <u>1</u>	DAYS <u>22</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>nil.</u>			
	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	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cass. Co. Iowa</u>			
	13. NAME <u>Harrison Stephens</u> <u>Pittsburg</u>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>			
	15. MAIDEN NAME <u>Mary Eanis</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>				
17. INFORMANT (ADDRESS) <u>wife, Della Stephens</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Louis Crematory 9/14/38</u>				
19. FUNERAL DIRECTOR (ADDRESS) <u>St. Louis County Hospital Clayton Mo.</u>				
20. FILED <u>SEP 13 1938</u> <u>J. R. Meyer M.D.</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/31/38 19

22. 8/5/38 HEREBY CERTIFY, That I attended deceased from 8/31/38 19
I last saw h im alive on 8/31/38 19. Death is said to have occurred on the date stated above, at 1.15 P.M.
The principal cause of death and related causes of importance were as follows:

Rheumatic Heart Disease 1/2/36
decompensation of
95M

Other contributory causes of importance:
Lupus erythematosus (Chigo) 8/20/38
Bermetosis (Toloz) 8/10/38

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? No 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) M. L. Bartuch M. D.
(Address) St. Louis Co. Hosp.

WHILE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

I X12004

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.

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.)