

NOV 16 1938

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

33838  
Do not use this space.

791

1003

8824

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. ....  
(c) City Saint Louis ..... (d) Street No. 4474 Enright Avenue ..... 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 Alberta Stevely

(a) Residence, No. 4474 Enright Avenue ..... St. 19 ..... (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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20<sup>th</sup> 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
47 11 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
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) Bloomington /  
(STATE OR COUNTRY) Illinois /

FATHER 13. NAME Fred Wyche /  
14. BIRTHPLACE (CITY OR TOWN) Bloomington /  
(STATE OR COUNTRY) Illinois /

MOTHER 15. MAIDEN NAME Margaret Williams  
16. BIRTHPLACE (CITY OR TOWN) Alton  
(STATE OR COUNTRY) Illinois

17. INFORMANT Calvin Stevely  
(ADDRESS) 4474 Enright Avenue

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Washington Pk. DATE 10/10/38 19

19. FUNERAL DIRECTOR (NAME) Charles J. Gates  
(ADDRESS) 4107 Finney Avenue

20. FILED OCT 10 1938 J. J. Bredeck  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 6th 1938

22. I HEREBY CERTIFY, That I attended deceased from October 5, 1938 to October 6th, 1938

I last saw her alive on October 6th, 1938 Death is said to have occurred on the date stated above, at 8:45 P.M.

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

Angina Pectoris

Other contributory causes of importance:

Inflammation of Coronary Artery

Name of operation None 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? .....

If so, specify .....  
(Signed), W. W. Graddock, M. D.  
(Address) .....

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_

*James Johnson*

or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

*352*

P. O. Address \_\_\_\_\_

*1107 Finney*

**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.)**

**If this body is not embalmed, above space should be left blank.**