S. No. 2
-11-10-39
5-17-39
P I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8864

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 2347

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3664 Clark Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3664 Clark Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mary Stevison

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James Stevison

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased About (Month) 1871 (Day) (Year)

8. AGE: Years About 69 | Months | Days | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Patrick Crowler

13. Birthplace (City, town, or country) Ireland (State or foreign country)

MOTHER 14. Maiden name Mary Coakley

15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Mr. James Stevison

(b) Address 3664 Clark Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway

19. (a) MAR 10 1940 (Date received local registrar) (b) J. E. Budreck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th year 1940 hour 9:20 minute P.M. M.

21. I hereby certify that I attended the deceased from Mar. 6 To Mar. 9th, 1940, to Mar. 8th, 1940; that I last saw her alive on Mar. 8, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia Lobar	4 days
Due to 108	
Due to	
Other conditions (Include pregnancy within 3 months of death) Chronic Cystitis, non gonococcus, non tuberculous, non catarrhal	

Major findings:
Of operations —
Of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Orrick E. Smith (M. D. or other)

Address 4603 W. Pine Date signed 3-9-40

(Licensed Embalmer's Statement on Reverse Side)

Dr. O.E. Smith

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, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Reinhold R. Lohmann

Licensed Embalmer No. 3395

P. O. Address _____

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.