S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9228

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2711

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: U.S. Post Office 9th + Oliver
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis, 7
(If outside city or town limits, write "RURAL")

(d) Street No. 6126 Lalite
(If rural, give location)

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

3. (a) PRINT FULL NAME Ma x A. Stevens

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Theresa Stevens

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased October (Month) 12 (Day) 1882 (Year)

8. AGE: Years 57 Months 5 Days 10 If less than one day hr. min.

9. Birthplace unknown (City, town, or county) Michiga/n (State or foreign country)

10. Usual occupation Postal Clerk

11. Industry or business U.S. Post Office Dept.

FATHER
12. Name John H.D. Stevens
13. Birthplace unknown (City, town, or county) England 4 (State or foreign country)

MOTHER
14. Maiden name Mary Mitchell
15. Birthplace unknown (City, town, or county) Canada 1 (State or foreign country)

16. (a) Informant Mrs. Theresa Stevens
(b) Address 6126 Lalite

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 25- 40 (Month) (Day) (Year)
(c) Place: burial or cremation Mamorial P ark

18. (a) Signature of funeral director A Krone L & U Co
(b) Address 2707 North Grand Bl.

19. (a) MAR 23 1940 (Date received local registrar) J F Bullock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1940 hour 8 minute 00 a M.

21. I hereby certify that I attended the deceased from March 8, 1940, to March 22, 1940;
that I last saw him alive on March 16, 1940;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to —	
Due to —	
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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 Albert Wall M.D. (M. D. or other)
Address 5322 Helen Ave Date signed 3/22/40

(Licensed Embalmer's Statement on Reverse Side)

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 Paul F. Konollenbe

Licensed Embalmer No. 2431

P. O. Address 2707 N. Lis

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.