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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 1 0 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19477

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 903

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Louis County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether

In this community 4 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Maplewood (If outside city or town limits, write "RURAL")

(d) Street No. 7524 Woodland Ave. (If rural, give location)

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

3. (a) PRINT FULL NAME John Stevens 315

3. (b) If veteran, name war ?

3. (c) Social Security No. ?

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Dora Smith Stevens

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

7. Birth date of deceased Feb. (Month) 9 (Day) 1881 (Year)

8. AGE: Years 59 Months 2 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace Sullivan (City, town, or country) Mo. (State or foreign country) 0

10. Usual occupation Laborer 9

11. Industry or business W.P.A. 9

FATHER
12. Name George Stevens
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Margaret Lee
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Arthur Stevens

(b) Address 5567 Manchester Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-11-40 (Month) (Day) (Year)

(c) Place: burial or cremation Anaconda Mo.

18. (a) Signature of funeral director Kriesshauser Mortuaries

(b) Address 4228 So. Kingshighway

19. (a) MAY 9 - 1940 (Date received local registrar) (b) A. R. Meyer M.D. Dept. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1940 hour 4 minute :35 P.M.

21. I hereby certify that I attended the deceased from 5-4-40 ....., 19...., to 5-8-40, 19....; that I last saw him alive on 5-8-40, 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	12 h
Due to Nephritis	5 yrs
Due to Hypertension Cardio Vascular disease	25 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Glomerulo Nephritis Polycystic Kidney

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 H. J. Sylward (M. D. or other) 1

Address U. L. Co. Hosp. Date signed 2/9/40

(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 Edwin A. M. Dermott

Licensed Embalmer No. 3024

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.