

Registration District No. 784

Primary Registration District No. 117

Registrar's No. 940

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 20
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 21 year years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 121 East Swann
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME GEORGE WARE STEPHENS

3. (b) If veteran, name war _____ 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 Florence Stephens 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Sept 18 1878
(Month) (Day) (Year)

8. AGE: Years 61 Months 7 Days 25 If less than one day hr. _____ min. _____

9. Birthplace Wapella Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation School Teacher

11. Industry or business Washington University

12. Name Nathaniel D. Stephens

13. Birthplace Chester Penn.
(City, town, or county) (State or foreign country)

14. Maiden name Marriat Tolson

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

16. (a) Informant Melvin A. Thorne

(b) Address 23 Algonquin Wood

17. (a) Burial (b) Date thereof May 15 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Parker and Co

(b) Address Webster Groves Mo

19. (a) MAY 15 1940 (Date received local registrar) (b) W. M. Stephens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1940 hour 18 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis with occlusion of the circumflex artery of the heart (left) second stub operating an automobile on a public highway
Due to _____
Due to _____
Other conditions (Include pregnancy within 6 months of death) _____

Major findings: _____
Of operations 94%
Of autopsy _____

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 John O'Connell (M. D. or other) _____
Address Kennett Mo Date signed 5/15/40

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

2 if

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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 Bob Aldrich

Licensed Embalmer No. 1372

P. O. Address Webster Grove

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.