No. 2
1-10-39
-17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37061

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 9334

FILED DEC 11 1940

1. PLACE OF DEATH: 791

(a) County St Louis City

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

(c) Name of hospital or institution: City Hosp #1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (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 (If outside city or town limits, write "RURAL") 1315 Monroe

(d) Street No. ~~1518 Lafayette ave~~ (If rural, give location)

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

3. (a) PRINT FULL NAME Stephens Baby (F)

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct (Month) 31 (Day) 1940 (Year)

8. AGE: Years | Months | Days 9 | If less than one day hr. min.

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

10. Usual occupation nil

11. Industry or business nil

FATHER
12. Name Jesse Stephens
13. Birthplace Charitons Co (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Opal Stottlemyre
15. Birthplace Livingston Co (City, town, or county) Mo. (State or foreign country)

16. (a) Informant David Van Fossan

(b) Address 1515 Lafayette

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

(c) Place: burial or cremation Utica, Mo.

18. (a) Signature of funeral director Jesse Stephens Baby

(b) Address 1315 Monroe St Louis

19. (a) NOV 13 1940 (Date received local registrar) (b) J F Bryden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9 year 1940 hour 7 minute 30 P M.

21. I hereby certify that I attended the deceased from 11-8-40, 19, to 11-9-, 1940 that I last saw her alive on Nov 9, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cellulites of abdominal wall caused by inflammation of umbilical cord	2 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy As above	

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)

(e) While at work (f) Means of injury

23. Signature Samuel Walker (M. D. or other)

Address City Hospital St. Louis Date signed 11-9-40

(Licensed Embalmer's Statement on Reverse Side)

933A

933A

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~~ Raymond E. Gehrke, ~~Registered Apprentice No.~~ working under my personal supervision.

Signed Raymond E. Gehrke

Licensed Embalmer No. 3985

P. O. Address St Louis, Mo.

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.