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FILED MAY 13 1941

DEPARTMENT OF COMMERCE MISSOURI STATE BOARD OF HEALTH
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

12433

State File No. 2863
Registrar's No.

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(c) Name of hospital or institution St. Luke's Hospital
(d) Length of stay: In hospital or institution 2 weeks
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(d) Street No. 4764 Goethe
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME EDWIN STEVENSON

3. (b) If veteran, name war (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 Nina Rutherford Stevenson 6. (c) Age of husband or wife if alive Over 21 years
7. Birth date of deceased July 19 1887 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 8 11 .hr. min.

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

10. Usual occupation Watchman

11. Industry or business St. Louis Arena

12. Name Andrew Stevenson

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

14. Maiden name Elenore Raymond

15. Birthplace St. Louis Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Nina Stevenson (b) Address 4764 Goethe

17. (a) Burial (b) Date thereof 4/2/41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Beiderwieden Funeral Home (b) Address 1936 St. Louis Avenue

19. (a) APR 1 1941 (b) J. H. Brudeck (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30 year 1941 hour 1 minute 10 P.M.

21. I hereby certify that I attended the deceased from March 1 1941, to March 30 1941; that I last saw him alive on March 30 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis & fatty degeneration of heart.

Due to 131

Other conditions fatty infiltration (Include pregnancy within 9 months of death)

Major findings: Of operations none operative caused by chr nephritis Of autopsy no

Duration ?
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?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. H. Hornow (M. D. or other) Address 4903 Delmar Date signed Mar 31/41

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

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 Delid J. Krispin.....

Licensed Embalmer No. 3497.....

P. O. Address 1936 St. Louis.....
St. Louis

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, fact should be so stated above.