

FILED JUN 11 1941

Registration District No. 773

Primary Registration District No. 6018A

Registrar's No. 89

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital #4, Farmington 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1937 to 1941
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 94
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2730a Franklin Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME

Edward B. Stephens

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, Single

6. (b) Name of husband or wife

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

7. Birth date of deceased. October 17 1868
(Month) (Day) (Year)

8. AGE: Years 76 Months 87 Days 17 If less than one day hr. min.

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

10. Usual occupation Mechanic

11. Industry or business

12. Name John D. Stephens

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

14. Maiden name Barbara Greiner

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

16. (a) Informant State Hospital Records

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof May 31, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery, St. Louis

18. (a) Signature of funeral director John P. Backlund

(b) Address St. Louis, Missouri

19. (a) May 31-41 (b) T. D. Robinson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1941 hour 11:40 minute P. M.

21. I hereby certify that I attended the deceased from March 1941 to May 29, 1941

that I last saw him alive on May 29, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death

Arteriosclerosis

Due to

Due to 97

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Arteriosclerosis

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 R. Kuhlman (M. D. or other) M.D.

Address Farmington, Mo. Date signed 5-31-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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: *John P. Beckwith*
Licensed Embalmer No. *1674*
P. O. Address *2223 S. Main St. S*

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.