

No. 2
4-13-40
5-17-39
I X23159

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5273

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town _____
(c) Name of hospital or institution:
St. Louis City Hospital #1 0
(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 70 years
years, months or days)

3. (a) PRINT FULL NAME Sam Stebbins

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Winifred A. 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Oct 27, 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 1 If less than one day _____ hr _____ min.

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

10. Usual occupation Wagon Worker

11. Industry or business Self

12. Name Charles Stebbins

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

14. Maiden name Sarah Squire

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

16. (a) Informant Mrs. W. Stebbins

(b) Address 3946 Cottage

17. (a) Burial (b) Date there June 28, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Walter Ford

(b) Address 4212 St. Louis Ave.

19. (a) JUN 26 1941 (b) J. M. Bredek
(Date and time of registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County MOO
(c) City or town St. Louis 1711
(If outside city or town limits, write "RURAL")
(d) Street No. 3946 Cottage 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24,
year 1941 hour 11:40 minute A. M.

21. I hereby certify that I attended the deceased from June 21, 1941, to June 24, 1941, that I last saw him alive on June 24, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis & Left Hemiplegia 3 days

Due to arteriosclerosis

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: _____
Of operations _____

Of autopsy same as above

Duration
3 days
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 Walter Ford (M. D. or other) _____
Address 1515 Lafayette Avenue Date signed 6/24/41

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

Joe A. Howard

Licensed Embalmer No. *3941*

P. O. Address: *4212 ST. LOUIS FIVE*

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.