

0.2
13-40
17-39
X23152

FILED AUG 28 1941

Registration District No. **191**

Primary Registration District No. **1003**

Registrar's No. **5424**

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

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: **Mo. Baptist Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME **Maude E. Stephens**

3. (b) If veteran, name war **No.**

3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**

6. (a) Name of husband or wife **Robert E.**

6. (b) Age of husband or wife if alive **64** years

7. Birth date of deceased **Dec. 9 1875**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

65	6	20	hr. _____ min.
----	---	----	----------------

9. Birthplace **Bessville Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Dan Whitener**

13. Birthplace **Bollinger Co. Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Miranda Tucker**

15. Birthplace **Kansas City Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Robert E. Stephens**

(b) Address **Flat River, Mo.**

17. (a) **Removal** (b) Date thereof **7/1/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bessville, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Ave.**

19. (a) **JUL 1 1941** (b) **J. J. Grebeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 094
5
2

(a) State **Missouri** (b) County **St. Francis**

(c) City or town **Flat River**
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **1** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **29th**
year **1941** hour **8** minute **20 A.M.**

21. I hereby certify that I attended the deceased from **June 20**
_____, 19**41**, to **June 29**, 19**41**;
that I last saw her alive on **June 29**, 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Hemorrhage from esophageal varices**

Due to **Portal cirrhosis of liver**

Due to _____

Other conditions **Pyelonephritis**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **Portal cirrhosis of liver
Pyelonephritis**

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 **Ramont Rhant** (M. D. or other) **M.D.**

Address **114 N. Taylor Ave** Date signed **6/30/41**

Duration

12 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Richard H. Burnley

Licensed Embalmer No. 4202

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.