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State File No.

THIRD AUG 9 1941
Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1398

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Robert Koch Hospital
(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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2624 St. Louis Ave 9
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Offie Stephens

3. (b) If veteran, name war No

3. (c) Social Security No. 491-14-4089

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
year 1941 hour 9.1 minute 20 A. M.

21. I hereby certify that I attended the deceased from June 27 1941 to July 1 1941
that I last saw her alive on July 1 1941
and that death occurred on the date and hour stated above.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Thomas Stephens

6. (c) Age of husband or wife if alive 22 years 1888
(Day) (Year)

7. Birth date of deceased 10 (Month) _____ (Day) _____ (Year)

Immediate cause of death Pulmonary Tbc.

Duration _____

8. AGE: Years 52 Months 8 Days 9 If less than one day _____ hr. _____ min.

Due to _____

Due to 138

9. Birthplace Ripple - Mo 0 Mo.
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation Power Machine Operator

Major findings: _____
Of operations _____

11. Industry or business Dresses

Of autopsy _____

12. Name Dr. J. J. James

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

14. Maiden name W. C. Crim Stout
(City, town, or county) (State or foreign country)

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

16. (a) Informant Robert Koch Hospital

(b) Address Records

17. (a) _____ (b) Date thereof 7-3-41
(Specify month or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cape Girardeau

18. (a) Signature of funeral director Sam Hark

(b) Address 3616 N. 17 St.

19. (a) JUL 3 1941 (b) _____
(Date received local registrar) (Registrar's signature)

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 William Stank (M. D. or other) 1

Address Koch Hosp. 190 Date signed 7/3/41

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 *Harry J. Schumacher*

Licensed Embalmer No. *24679*

P. O. Address *732 Jemay*

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.