

NEED NOT BE FILLED OUT
18 1941
7011

STANDARD CERTIFICATE OF DEATH
1003

State File No. 29865
Registrar's No. 7204

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital #10
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 Days
(Specify whether years, months or days)
 In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town University City
(If outside city or town limits, write "RURAL")
 (d) Street No. 6530 Villa
(If rural, give location)
 (e) Citizen of foreign country? / (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 4
 year 1941 hour 12:30 minute _____ P. M.
 21. I hereby certify that I attended the deceased from September 1
1, 1941 to September 4, 1941;
 that I last saw him alive on September 4, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of Bladder, urinary
Arteriosclerosis
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Albert Stevens
 3. (b) If veteran, name war Nil 3. (c) Social Security No. Nil

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Hattie Stevens 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased January 28, 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 7 6 _____ hr. _____ min.

9. Birthplace Kansas
(City, town, or county) (State or foreign country)
 10. Usual occupation Nil

11. Industry or business _____
 12. Name Unknown
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant William L. Stevens
 (b) Address 6530 Villa
 17. (a) Burial (b) Date thereof 9/6/41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Edith E. Ambruster
 (b) Address 4234 Manchester

19. (a) SEP 5 1941 (b) J. Bredich
(Date received from Registrar) (Registrar's signature)

Major findings:
 Of operations _____
 Or autopsy Carcinoma of Bladder
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?

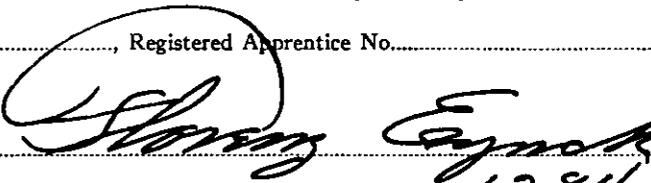
While at work? _____ (Specify type of place) _____ (e) Means of injury _____
 23. Signature L. V. Mullen (M. D.)
 Address 1515 Lafayette Avenue Date signed 9/11/41

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..... 

Licensed Embalmer No. 1284

P. O. Address St. Louis Mo

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.