

BUREAU OF VITAL STATISTICS
FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33508
8464
Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1 mo. 8 days
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Vera Stevens

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

4. Female 5. Color or race Cal 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. 9 15 1906
(Month) (Day) (Year)

8. AGE: Years 35 Months 1 Days..... If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business.....

12. Name not known

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

14. Maiden name not known

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

16. (a) Informant Blanch Samp

(b) Address 2215 Walnut

17. (a) Shipped BY Rail (b) Date thereof 10-25-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memphis Tenn

18. (a) Signature of funeral director J. P. Richards

(b) Address 2625 Glasgow

19. (a) Oct. 25, 1941 (b) J. P. Richards
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL") 1722
(d) Street No. 2215 Walnut
(If rural, give location) 9
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22, 1941
year..... hour..... minute 05 P. M.

21. I hereby certify that I attended the deceased from Sept. 14, 1941
....., 19....., to Oct. 22, 1941
that I last saw her alive on Oct. 22, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration
Acquired Lues
Luetic Aortitis
Unknown

Due to.....
Due to.....

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

Major findings:
Of operations.....
Of autopsy.....
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 0

23. Signature J. W. Johnson (M. D. or other).....
Address 2601 N. Whittier Date signed 10-24-41

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

000
17
9

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 *A. D. Richardson*

Licensed Embalmer No. *2928*

P. O. Address *2628 Glasgow*

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.