

No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 28 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36214

State File No. _____

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2072

1. PLACE OF DEATH:

(a) County Saint Louis

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

(c) Name of hospital or institution:
Woodlawn Nr Lindbergh
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community nine years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Robertson
(If outside city or town limits, write "RURAL")

(d) Street No. Woodlawn nr Lindbergh
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JANIE STEPHANS

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

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Monroe Stephens 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 22 1881
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct-6 day 8 year 1941 hour 12 minute 20 M.

21. I hereby certify that I attended the deceased from Oct-5 to Oct-8, 1941; and that death occurred on the date and hour stated above.

8. AGE: Years 60 Months 2 Days 16 If less than one day _____ hr. _____ min.

Immediate cause of death lobar pneumonia Duration 6 days

Due to _____

Due to 109

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

9. Birthplace unknown / Miss
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings: Of operations _____

Of autopsy _____

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

11. Industry or business _____

12. Name Tobe Davidson

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

14. Maiden name Carrie Davidson
(City, town, or county) (State or foreign country)

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

16. (a) Informant Carrie Mc Kinney
(b) Address Robertson MO.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) burial (b) Date thereof 10/11/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Boyd Bros

(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 D

18. (a) Signature of funeral director _____
(b) Address Lix Ave, Kinloch Mo.

19. (a) OCT 11 1941 (b) J. Mc Lawton
(Date received local registrar) (Registrar's signature)

23. Signature Jas. A. Haney (M. D. or other) _____
Address Kinloch Date signed _____

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.....

P. O. Address.....

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.