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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1942

Registration District No. 784

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 200

State File No. 3688 d

Registrar's No. 349

1. PLACE OF DEATH:

(a) County Saint Louis

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

(c) Name of hospital or institution: Jefferson Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ——
In this community one and one half years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town South Kinloch 0
(If outside city or town limits, write "RURAL")

(d) Street No. Jefferson Ave 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Marshie Stevenson

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife Tom Stevenson

6. (c) Age of husband or wife if alive ——— years

7. Birth date of deceased June 4, 1851
(Month) (Day) (Year)

8. AGE: Years 90 Months 8 Days 10 If less than one day ——— hr. ——— min.

9. Birthplace Montgomery Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Ennis Palmer
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louisa Clark
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Williams
(b) Address So. Kinloch, Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 2/15/42
(Month) (Day) (Year)
(c) Place: burial or cremation Montgomery Mo.

18. (a) Signature of funeral director Joe Marlow
(b) Address Montgomery Mo

19. (a) FEB 14 1942 (Date received local registrar) (b) E. G. McGarran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14
year 1942 hour 6 minute 300 M.

21. I hereby certify that I attended the deceased from May 11 1941, to Feb. 14 1942; that I last saw her alive on Feb. 14-42 19——; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial nephritis

Due to Infirmities of old age.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?
(Specify type of place)

While at work? ——— (e) Means of injury ———

23. Signature J. S. Dorsey (M. D. or other)

Address S. Kinloch Park Mo. Date signed 2-14-42

(Licensed Embalmer's Statement on Reverse Side)

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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney Ave

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.