

No. 2  
1-4-41  
5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **7905**  
Registrar's No. **404**

FILED MAR 2 1942

Registration District No. **764**

Primary Registration District No. **200**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **Bellwin Manchester**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Manchester Nursing Home 4**  
(If not in hospital or institution, write street number or location)  
**1 Week.**  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
in this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **St. Louis 96**  
(c) City or town **Valley Park Mo. 16**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Valley Park Mo. 0**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **20th.**  
year **1942** hour **11** minute **30** A.M.  
21. I hereby certify that I attended the deceased from **2-1-42**  
19\_\_\_\_ to **2-20-42** 19\_\_\_\_;  
that I last saw him alive on **2-19-42**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac collapse.** Duration \_\_\_\_\_

Due to **Senility**

Due to **Chr. Myocarditis**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: **930**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **Robert M. Stevens**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Mary Stevens** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Mar. 4 1848**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>93</b>	<b>11</b>	<b>16</b>	hr. _____ min.

9. Birthplace **Kirkwood Mo. 0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Painter**

11. Industry or business \_\_\_\_\_

12. Name **Unknown**

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant **Marshall Stevens**

(b) Address **1512 Delmar, Richmond Heights Mo.**

17. (a) **Burial** (b) Date thereof **2/23/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Hill**

18. (a) Signature of funeral director **Jay B. Smith Funeral Home**

(b) Address **Maplewood Mo.**

19. (a) **FEB 21 1942** (b) **R. B. McManis**  
(Date received local Registrar) (Registrar's signature)

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 **Ch. Perry** (M. D. or other) **IND.**

Address **611 Olive St. Louis Mo.** Date signed **2-20-42**

707 (Licensed Embalmer's Statement on Reverse Side)

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

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**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.....

*H. Burgess*

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

**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.**