

FILED APR 8 1942  
Registration District No. 791

Primary Registration District No. 1003

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

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. Anthony's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... 0  
(Specify whether  
In this community.....  
years, months or days)

2: USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6336 Virginia  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME George F. Stephens

3. (b) If veteran, name war None 3. (c) Social Security No. 488-16-9729

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eva Casey Stephens 6. (c) Age of husband or wife if alive abt. 80 years

7. Birth date of deceased November 28, 1856  
(Month) (Day) (Year)

8. AGE: Years ' 85n Months 3 Days 9 If less than one day  
hr. min.

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

10. Usual occupation Draftsman

11. Industry or business.....

MOTHER FATHER { 12. Name Unknown  
13. Birthplace England (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace England (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eva Casey Stephens

(b) Address 6336 Virginia Ave.

17. (a) Burial (b) Date thereof 3-12-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunsef. Burial Park  
Southern Fun. Home.

18. (a) Signature of funeral director L. J. F. Pulask  
(b) Address 6322 S. GRAND 13th

19. (a) 1942 (b) J. F. Pulask  
(Date received local registrar's certificate) (Registrar's signature)

20. DATE OF DEATH: Month March day 9th  
year 1942 hour 11:45p. minute  M.

21. I hereby certify that I attended the deceased from March 9, 1942, to March 9, 1942,  
that I last saw him alive on March 9, 1942,  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cerebral Apoplexy  
Duration 6 hrs.  
Due to Hypertension 3 yrs.

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.....  
23. Signature Dwight Benjamin (M. D. or other) MD  
Address 7430 Virginia Date signed 3/10/42

**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..... *Virgil L. Berryman*  
Licensed Embalmer No..... *4018*  
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.**