V. S. No. 2
DM—9-4-41
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

13096

State File No.

FILED MAY 7 1942

Registration District No. 91

Primary Registration District No. 1003

Registrar's No. 3582

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis 96
(c) City or town Jennings NR-6
(If outside city or town limits, write "RURAL")
(d) Street No. 4214 Jennings Rd.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edward James Stephens
3. (b) If veteran, name war
3. (c) Social Security No. 602-09-3773
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lucille Stephens
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased May (Month) 15 (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
66	11	5	hr. min.

9. Birthplace (City, town, or county) Mo. (State or foreign country)
10. Usual occupation R. R. Engineer
11. Industry or business Terminal Railroad
FATHER 12. Name Edward J. Stephens
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Lee Malloy
(b) Address 4751 Beacon St.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4-23-42 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory
18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.
19. (a) APR 22 1942 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20th year 1942 hour 12 minute noon M.
21. I hereby certify that I attended the deceased from April 6, 1942 to April 20, 1942 that I last saw him alive on April 20, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Cardiac Decompensation from Bronchopneumonia	48 hrs
Due to — morphine	
Bronchopneumonia	2-3 wks
Due to	
Other conditions (Include pregnancy within 3 months of death) Hypertension	
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? (Specify type of place)
While at work (e) Means of injury
23. Signature [signature] (M. D. or other) MD
Address [illegible] Date signed 4-20-42

(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 Warren A. Carver

Licensed Embalmer No. 3534

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.