V. S. No. 2
50M—9-4-41
Rev. 5-17-39
I X29484

758

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 [illegible]

Registration District No. [illegible]

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 13098

Registrar's No. 3906

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:
Grand & Olive.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St Louis 26

(c) City or town ~~St. Louis.~~ University City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 6837 Kingsbury Blvd. NB
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Charles T. Stevens.

3. (b) If veteran, name war World

3. (c) Social Security No. None.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Berenice Stevens

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

7. Birth date of deceased December 31 1884.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
57	4	0	hr. min.

9. Birthplace St. Louis, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Construction Engineer.

11. Industry or business Self.

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

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

16. (a) Informant Berenice Stevens.
(b) Address 2121 68th. St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-4-42 (Month) (Day) (Year)
(c) Place: burial or cremation National Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.

19. (a) MAY 3 1942 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1942 hour 9:45 A.M. minute M.

21. I hereby certify that I attended the deceased from
, 19, to , 19
that I last saw h alive on , 19
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage of Brain Fractured Skull when he was found on Roof of 5th floor of the Continental Life Bldg about 9:44 A.M. May 1 1942. Whether he jumped or fell from the Window of the 19th floor could not be determined

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

195

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) Open Verdict
(b) Date of occurrence May 1 1942
(c) Where did injury occur? St Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? (e) Means of injury undetermined

23. Signature [illegible] (M. D. or other)
Address [illegible] Date signed 5/2/42

(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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St Louis 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.