S. No. 2
M—1-4-41
v. 5-17-39
I X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

28259

State File No.

Registration District No. 184 Primary Registration District No. 200 Registrar's No. 1819

96
0
0

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

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Outer Belt Terrace
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3716 Edgar Ave. 1
(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 Co. 96
(c) City or town Outer Belt Terrace 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 3716 Edgar Ave.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Henry Stephens
3. (b) If veteran, name war ..... 3. (c) Social Security No. .....
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Dora Stephens 6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased October (Month) 15 (Day) 1874 (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	10	14	..... hr. ..... min.

9. Birthplace Wayne County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business .....
FATHER
12. Name James Stephens
13. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Susan Long
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Lee Stephens
(b) Address Route 7 Box 41 Overland Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 31, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Shiloh Cemetery Wayne Co. Mo.
18. (a) Signature of funeral director Chas. A. Bull
(b) Address 4452 Washington Blvd.
19. (a) AUG 30 1942 (Date received local registrar) (b) C. G. McGarran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29 day Aug. year 1942 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from ..... 19.... to ..... 19....; that I last saw him alive on Aug. 29 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral apoplexia	
Due to 1 Day	1 Day
Due to Arteriosclerosis	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy No 83a	

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)
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 F. L. Fuchs M.D. (M. D. or other)
Address 9321 Midland Date signed 8-29-42

(Licensed Embalmer's Statement on Reverse Side)

McG

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 John Ketter

Licensed Embalmer No. 3880

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.