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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 14 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 29212

Registrar's No. 8188

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:
Enroute to Homer Phillips 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 Missouri (b) County

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

(d) Street No. 2640 LaSalle St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME George Stevenson

3. (b) If veteran, name war

3. (c) Social Security No. 489-12-6612

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife Artamas Stevenson

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

7. Birth date of deceased Feb. (Month) 16 (Day) 1896 (Year)

8. AGE: Years 46 Months 7 Days 15 If less than one day hr. min.

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

10. Usual occupation Yard-man

11. Industry or business Hotel

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

MOTHER
14. Maiden name Lue Washington
15. Birthplace Searcy (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant Artemus Stevenson
(b) Address 2640 La Salle

17. (a) removal (Burial, cremation, or removal) (b) Date thereof Oct. 5 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Little Rock, Ark.

18. (a) Signature of funeral director Russell Undt. Co.
(b) Address 2732 Pine St.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 1 year 1942 hour 4 minute 30 P.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 — Duration
Bronchio Pneumonia
Due to
Right Sac Purulent
Due to
Empyema Non T.B.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Thomas F. Callen (M. D. or other)
Address Deputy Coroner Date signed 10/3/42

(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. Joel Russell

Licensed Embalmer No. 4112

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.