

S. No. 2
M-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

35949

State File No.

FILED DEC 1 1942

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9837**

1. PLACE OF DEATH:

(a) County St. Louis Mo

(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4063 Mufflet Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 37 years (Specify whether years, months or days)

In this community 37 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 17 11

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

(d) Street No. 4063 Mufflet Ave
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME LEONA M. STENSON

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22
year 1942 hour 12:15 minute PM. M.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife James J. Stenson 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased (Month) May (Day) 2 (Year) 1905

21. I hereby certify that I attended the deceased from Oct. 16 1942 to Nov. 22 1942
that I last saw her alive on Nov. 22 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 37 Months 6 Days 20 If less than one day h. min.

Immediate cause of death Pneumoniae heart disease with involvement of Mitral and aortic valves Duration 18 years

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

Due to.....

Due to.....

10. Usual occupation Housewife

Other conditions..... (Include pregnancy within 3 months of death)

11. Industry or business None

Major findings: Of operations.....

12. Name Leona M. Stenson

Of autopsy.....

13. Birthplace Missouri (City, town, or county) (State or foreign country)

14. Maiden name Leona M. McDonald

15. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)

16. (a) Informant James J. Stenson

(b) Address 4063 Mufflet Ave

17. (a) Burial, cremation, or removal Burial (b) Date thereof (Month) Nov (Day) 25 (Year) 1942

(c) Place: burial or cremation Colony

18. (a) Signature of funeral director J. P. Howard

(b) Address 4222 N. Grand Ave

19. (a) Date received local registrar? NOV 25 1942 (Registrar's signature) J. P. Busch

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 O. E. Lyell (M. D. or other) MD

Address 4222 N. Grand Date signed 11-24-42

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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

Joseph d Howard

Licensed Embalmer No

4139

P. O. Address

4212 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.