S. No. 2
M—9-4-41
. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42074

FILED JAN 15 1943

Registration District No. 784 — Primary Registration District No. 200 — Registrar's No. 2824

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

1. PLACE OF DEATH:

96 (a) County St. Louis

1 (b) City or town Glendale (If outside city or town limits, write "RURAL" and name of township)

1 (c) Name of hospital or institution: 865 Queen Ann Place 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: 96

(a) State Mo. (b) County St. Louis 11

(c) City or town 8 Glendale Ann Place 1 (If outside city or town limits, write "RURAL")

(d) Street No. 865 Queen Ann Place (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Cecilia P. Stephens

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race 1 White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Late Benjamin Stephens

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

7. Birth date of deceased Aug. (Month) 12th (Day) 1872 (Year)

8. AGE: Years 70 Months 4 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Henry Mueller
13. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Mary Schenk
15. Birthplace ..... (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant Eugene Stephens

(b) Address 865 Queen Ann Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-43 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) JAN 5- 1943 (Date received local registrar) (b) E G McGarran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31st year 1942 hour 5:30 minute A.M. M.

21. I hereby certify that I attended the deceased from 11/16, 1942, to 12/31, 1942 that I last saw her alive on 12/31, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis with acites & edema	2 years
Due to	
Due to	
Other conditions: Asthma (Include pregnancy within 3 months of death)	20 years

Major findings:
Of operations
Of autopsy

93

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 0

23. Signature Quentin M Laine (M. D. or other)

Address Kirkwood, Mo. Date signed 1/2/43

707

(Licensed Embalmer's Statement on Reverse Side)

Quentin
508 N. Kirkwood
Kirkwood 35
925 N Sappington Rd
Kirkwood 36

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 Edwin D. McDermott

Licensed Embalmer No. 5024

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.