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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 4 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 797

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 846

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: 108 N. Kingshighway residence-Kingsway Hotel (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 life

2. USUAL RESIDENCE OF DECEASED: 000 12

(a) State Missouri (b) County

(c) City or town St. Louis 912 (If outside city or town limits, write "RURAL")

(d) Street No. 108 North Kingshighway (If rural, give location)

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

3. (a) PRINT FULL NAME VIRGINIA ELIZABETH STEVENSON

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased October (Month) 28 (Day) 1850 (Year)

8. AGE: Years 92 Months 2 Days 29 If less than one day hr. min.

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

10. Usual occupation school teacher-retired

11. Industry or business taught school 46 years

MOTHER FATHER

12. Name John Dunlap Stevenson

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

14. Maiden name Hannah Leitcher

15. Birthplace Lexington (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Virginia Elizabeth Stevenson

(b) Address Kingsway Hotel, St. Louis

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-29-43 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director C. R. Lupton & Son

(b) Address 7333 Delmar Blvd., St. Louis

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27th year 1943 hour 6:15 minute A. M.

21. I hereby certify that I attended the deceased from July 7, 1942, 19..., to Jan 27, 1943, that I last saw h... alive on Jan 26, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration 4 days

Due to General arteriosclerosis

Due to

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 William D. Day (M. D. or other)

Address 3720 Washington Date signed 1-27-43

(Licensed Embalmer's Statement on Reverse Side)

Dr. A. B. Day
3720 Washington Blv'd.,
NE-0870
Hrs. - 1 to 4 p.m.

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

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.