

S. No. 2  
DM-5-42  
v. 5-17-39  
P-1 X3287

4812

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1762**

1. PLACE OF DEATH:

(a) County..... **St. Louis, Missouri**

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

(c) Name of hospital or institution:  
**3124a Portis Place**  
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **12**

(c) City or town..... **St. Louis,** **9/b**  
(If outside city or town limits, write "RURAL")

(d) Street No. **3124a Portis Place**  
(If rural, give location)

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

3. (a) PRINT FULL NAME..... **Mary Stephens**

3. (b) If veteran, name war..... **--**

3. (c) Social Security No..... **None**

4. Sex..... **Female** 5. Color or race..... **White**

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

6. (b) Name of husband or wife..... **William Stephens**

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

7. Birth date of deceased..... **June 3, 1866**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>76</b>	<b>8</b>	<b>18</b>	..... hr. .... min.

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

10. Usual occupation..... **Home**

11. Industry or business..... **Unknown**

MOTHER FATHER

12. Name..... **Unknown**

13. Birthplace..... **Unknown** **9**  
(City, town, or county) (State or foreign country)

14. Maiden name..... **Unknown**

15. Birthplace..... **Unknown** **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mildred Hawksley**

(b) Address..... **3124a Portis Place**

17. (a) (Burial, cremation, or removal)..... **Burial**

(b) Date thereof..... **2/24/43**  
(Month) (Day) (Year)

(c) Place: burial or cremation..... **St. Trinity Lutheran Cem.**

18. (a) Signature of funeral director..... **Shacka Welden**

(b) Address..... **3634 Gravois Avenue**

19. (a) **FEB. 23 1943** (b) **J. F. Bredeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **21**  
year..... **1943** hour..... **3** minute **30** P.M.

21. I hereby certify that I attended the deceased from **June 10<sup>th</sup>** 19**43** to **Feb. 21** 19**43**  
that I last saw h. **alive** on **Feb. 21** 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death..... **2nd stage Typhoid**  
**Heart Disease**

Due to..... **Hypertensive Heart Disease**

Due to.....

Other conditions..... **9/24**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

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)

23. Signature..... **J. F. Bredeck** (M. D. or other) **MD**  
Address..... **3548 S. Grand** Date signed..... **2/24/43**

Duration..... **3 hrs**

3 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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.....

*Frank J. Dyland*

Licensed Embalmer No. *2675*

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.**