

FILED JUN 25 1943

1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Fairgrounds Hotel  
(If not in hospital or institution, write street number and location)  
(d) Length of stay: In hospital or institution 3644 Natural Bridge  
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0001  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. Fair Grounds Hotel 3644 Natural Bridge  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME ALBERT D. STEPHENS.

3. (b) If veteran, name war None 3. (c) Social Security No. 492-09-9211

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16th. year 1943 hour 10 minute 25 P.M.

21. I hereby certify that I attended the deceased from April 12 1943 to June 16 1943 that I last saw him alive on June 16 1943 and that death occurred on the date and hour stated above.

4. Sex Male (M) 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Olga Jane Stephens. 6. (c) Age of husband or wife if alive 54 years  
7. Birth date of deceased August 8, 1880. (Month) (Day) (Year)

Immediate cause of death Cirrhosis of Liver

8. AGE: Years 62 Months 10 Days 16 If less than one day hr. min.

Due to 1943

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

Other conditions Myocarditis Chronic (Include pregnancy within 6 months of death)

10. Usual occupation Lumber Merchant

PHYSICIAN

11. Industry or business

Major findings: None Of operations

12. Name John Stephens.

Of autopsy

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

14. Maiden name Barbara Greiner.

15. Birthplace ? Germany (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant Mrs. Olga J. Stephens.

(a) Accident, suicide, or homicide (specify)

(b) Address Fairgrounds Hotel

(b) Date of occurrence

17. (a) Cremation (b) Date thereof 6-19-1943. (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur?

(c) Place: burial or cremation Oak Grove Crematory.

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

While at work? (Specify type of place) (e) Means of injury

(b) Address 5966 Easton Ave.

23. Signature J. F. Pleitsch (M. D. or other)

19. (a) JUN 1 1943 (b) J. F. Pleitsch (Data received local registrars) (Registrar's signature)

Address 812 Spring Street Date signed June 23 1943

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

MOTHER FATHER

Dr. George Rendleman.  
812 Olive Street.  
12 to 1 & 3 to 5 P.M.  
Telephone Chestnut 9261

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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~~ 346

Ben Hoffman, Registered Apprentice No. 346,  
working under my personal supervision.

Signed Leonard W. Traeger  
Licensed Embalmer No. 2278  
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.