

FILED AUG 12 1943

Registration District No. 318

Primary Registration District No. 100

Registrar's No. 6955

1. PLACE OF DEATH:

(a) County.....

(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:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mos. 6 days  
Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 824 1/2 Gallon  
(If rural, give location)

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

3. (a) PRINT FULL NAME Clara Stevens

3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27, year 1943 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from May 21, 1943 to July 27, 1943; that I last saw her alive on July 27, 1943; and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race 3 Negro 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased May 15 1902  
(Month) (Day) (Year)

Immediate cause of death:  
Luetic Aortitis; Cardiac Hypertrophy  
Pulmonary Edema (Autopsy)  
Liver, Chr. Passive Congestion (autopsy)  
Due to..... (autopsy)

Duration: Unk.  
Terminal

8. AGE: Years Months Days If less than one day

41 2 12 hr. min.

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

10. Usual occupation Housework

11. Industry or business.....

12. Name Eliza Stevens

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

14. Maiden name Betty Sims

15. Birthplace Wynh Ark (City, town, or county) (State or foreign country)

16. (a) Informant Oscar Brickley

(b) Address 824 1/2 Gallon

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-2-43 (Month) (Day) (Year)

(c) Place: burial or cremation Brewwood Cem.

18. (a) Signature of funeral director Mary Wade

(b) Address 420 2 7th Ave

19. (a) AUG 1 1943 (Date received by Registrar) J. F. Brickley (Registrar's signature)

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

Major findings:  
Of operations.....  
Of autopsy.....

PHYSICIAN: [Signature]  
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?

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

23. Signature J. F. Brickley (M. D. or other) [Signature]  
Address 2601 Whittier Date signed 7/29/43

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..... *S. J. Watson*

Licensed Embalmer No. *2498*

P. O. Address..... *2769 Chouteau*

**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.**