

**FILED** AUG 18 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **7198**

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: BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County SHANNON

(c) City or town Eminence  
(If outside city or town limits, write "RURAL") NR.

(d) Street No. \_\_\_\_\_  
(If rural, give location)

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

3. (a) PRINT FULL NAME Stevens, Jack Vernon

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. NONE

4. Sex Male 5. Color or face 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 Nov. 7 1929  
(Month) (Day) (Year)

8. AGE: Years 13 Months 9 Days 0  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Eminence Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation School Boy

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Lottie V. STEVENS

13. Birthplace Eminence Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name INER JONES

15. Birthplace Eminence Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Lottie Stevens

(b) Address Eminence, Mo.

17. (a) Burial (b) Date thereof AUG 8 - 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation EMINENCE, Mo.

18. (a) Signature of funeral director American Funeral Home

(b) Address Mt. View, Mo.

19. (a) AUG 10 1943 (b) J. J. Brudick  
(Date of registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7  
year 1943 hour 5 minute 55 P.M.

21. I hereby certify that I attended the deceased from 8 - 5 - 1943 to 8 - 7 - 1943  
that I last saw him alive on 8 - 7 - 43  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure

Due to Rheumatic Heart Disease

Due to \_\_\_\_\_

Other conditions (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)  
(e) Means of injury \_\_\_\_\_

23. Signature M. C. Abney (M. D. or other) \_\_\_\_\_  
Address BARNES HOSPITAL Date signed 8/8/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

8672  
7198

8672  
7198

**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

*Frank Prokoff*

Registered Apprentice No.

*339*

working under my personal supervision.

Signed

*John Ketter*

Licensed Embalmer No.

*3880*

P. O. Address

*St Louis*

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.