

LED SEP 17 1943

Registration District No. _____ Primary Registration District No. **1003**

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

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:
6037 Horton Place
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME FREDERICK W. STEPHENSON

3. (b) If veteran, name war NO

3. (c) Social Security No. _____

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Lena Pfeiffer

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased 5 7 1869
(Month) (Day) (Year)

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

74 4 0 _____ hr. _____ min.

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

10. Usual occupation Ret'd Chauffer

11. Industry or business _____

MOTHER FATHER {

12. Name Philop Henry Stephenson 4

13. Birthplace England 4
(City, town, or county) (State or foreign country)

14. Maiden name Annie Dalton

15. Birthplace England 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lena Stephenson

(b) Address 6037 Horton Place

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

(b) Date thereof 9-9-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Volhalla Cemetery

18. (a) Signature of funeral director Alexander Sons

(b) Address 6175 Delmar Blvd.

19. (a) SFD 8 1043 (Date received local registrar)

(b) J.F. Beedick (Registrar's signature)

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. 6037 Horton Place
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 7
year 1943 hour 9 minute 40 P.M.

21. I hereby certify that I attended the deceased from July 1938 to 9/7/43
that I last saw her alive on 9/7/43 and that death occurred on the day and hour stated above.

Immediate cause of death Coronary disease

Due to arterio Sclerosis

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operation None

Of autopsy None

Duration _____

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? None
(City or town) (County) (State)

(d) Did injury occur in or about some building, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Walter J. Pilly (M. D. or other) MO

Address 6175 Delmar Blvd. Date signed _____

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 jos. E Mc culloch

Licensed Embalmer No. 2460

P. O. Address 6135 Dillman

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.