

No. 2  
1-2-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

49508

State File No. 10885  
Registrar's No.

FILED DEC 22 1943 318

Registration District No. 1003  
Primary Registration District No.

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:  
4338 Virginia  
(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 Lou E. Stevens  
3. (b) If veteran, name war none 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 Frank E. Stevens 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Oct. 17th 1856  
(Month) (Day) (Year)

8. AGE: Years 87 Months 1 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation at home

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

MOTHER FATHER { 12. Name unknown Clate.  
13. Birthplace unknown unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown Family S. Clate.  
15. Birthplace unknown unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Lewis Lepman.  
(b) Address 460 W. Lockwood, Webster Groves

17. (a) Burial (b) Date thereof 12/10/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation SAINT MATHEWS CEM.

18. (a) Signature of funeral director C. R. Lupton & Sons  
(b) Address 2233 Delmar Blvd. St. Louis

19. (a) DEC 9 1943 J. Z. Bruesch  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 099  
(a) State Missouri (b) County 17  
(c) City or town St. Louis 9 15  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4338 Virginia  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8th  
year 11:45 hour 11 45 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_ 108

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
(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 Thompson J. Calloway (M, D, or other) 3  
Address Deputy coroner Date signed 12-9-43

**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.....

*Clarence H. Murray*

Licensed Embalmer No.....

*4011*

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.**