S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 6 1944

Registration District No. 848

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 9496

Registrar's No. 3059

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Lutheran Hospital. 0
(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)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri. (b) County St. Louis,

(c) City or town Overland, 13
(If outside city or town limits, write "RURAL")

(d) Street No. 3579 Boswell Ave., N.R.
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME ALPHA T. STEVENS.

3. (b) If veteran, name war none.

3. (c) Social Security No. none.

4. Sex Male.

5. Color or race White. 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Annie S. Stevens.

6. (c) Age of husband or wife if alive 76. years

7. Birth date of deceased August (Month) 4, (Day) 1860. (Year)

8. AGE:

Years	Months	Days	If less than one day
83.	7.	26.	hr. min.

9. Birthplace Baltimore, (City, town, or county) Maryland. (State or foreign country) 1

10. Usual occupation Retired. Former Treas & Office Mng'r

11. Industry or business John Deer Plow Co.

FATHER
12. Name George Oliver Stevens.
13. Birthplace Baltimore, (City, town, or county) Maryland. (State or foreign country) 1

MOTHER
14. Maiden name Rebecca Tebbetts.
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant J. Hamilton Stevens.
(b) Address 7040 Northmoor.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 4/1/44. (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address #7233 Delmar Bly'd.,

19. (a) MAR 31 1944 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30th, year 1944. hour 11:30 minute a. M.

21. I hereby certify that I attended the deceased from Mch 27, 1944, to March 30, 1944; that I last saw him alive on Mch 30, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	2 days
Due to Chr Hyper tension	1 yr
Due to Chr Cardiac disease decompensated	3 mo

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

93

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature A M Grand (M. D. or other) M.D.

Address 3651 Grandel Date signed 3/31-44

(Licensed Embalmer's Statement on Reverse Side)

Dr A. M. Frank.
3651 Grandel Square.
JE: 4430.
Hours, 1 - 3.

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 Bradford A. Miles

Licensed Embalmer No. 2001

P. O. Address University City - M

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.