

FILED JUL 31 1944  
318

Primary Registration District No. **1003**

Registrar's No. **6069**

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:  
Deaconess Hosp.  
(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 STEPHENS, Hazel

3. (b) If veteran, name war.....  
3. (c) Social Security No. 4488-07-2444

4. Sex Fem 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Leonard A. Stephens 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased October 26, 1908  
(Month) (Day) (Year)

8. AGE: Years 35 Months 8 Days 9 If less than one day  
hr. min.

9. Birthplace Saint Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Stenographer

11. Industry or business National Lead Co.

MOTHER FATHER {  
12. Name Clarence Garner  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Saleno La Bau  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Leonard A. Stephens (hus.)  
(b) Address 7814 Garden Ave.

17. (a) Burial (b) Date thereof 7-8-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Ss. Peter & Paul

18. (a) Signature of funeral director Michael Croghan, Sr.

(b) Address 7146 Manchester

19. (a) JUL 7 1944 (b) [Signature]  
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town Shrewsbury  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7814 Garden Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th  
year 1944 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from June - 19, 1944 to July - 5 - 1944,  
that I last saw her alive on July 5 - 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Anemia Hemolytic, Anemia  
Due to Cause undetermined

Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy Yes: No report as yet,

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 Arthur W. Westry (M. D. or other)  
Address Webster & Jones Mo Date signed 7-7-44

Duration No days  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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..... *Albert G. Hoyer* .....  
Licensed Embalmer No..... *2971* .....  
P. O. Address.....

**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.**