V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 26 1945

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10704

Primary Registration District No. 3068

Registrar's No. 689

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

6
3
3

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Maplewood Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Years (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis 96
(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
(d) Street No. 1401 B. Woodland Dr.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Helen K Stevens
3. (b) If veteran, name war None
3. (c) Social Security No. 493-05-1060
4. Sex Female
5. Color or race 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 Dec. 31, 1884 (Month) (Day) (Year)

8. AGE: Years 50 Months 2 Days 8 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business St. Louis Co. Gas Co.
FATHER
12. Name Ronald F. Stevens
13. Birthplace (City, town, or county) Maine (State or foreign country)
MOTHER
14. Maiden name Emma Vogelsang
15. Birthplace St. Louis Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mrs Mary Stott
(b) Address 7406 Flora Ave. Maplewood, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 12, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Ave. Maplewood, Mo
19. (a) MAR 15 1945 (Date received local registrar) (b) E. G. McGovern MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day eighth
year 1945 hour 8:25 P.M. minute M.
21. I hereby certify that I attended the deceased from
3-12, 1943 to 3-8, 1945
that I last saw her alive on 3-8, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage 7 hours 20 min
Due to Myocarditis 1 yr
Due to Arteriosclerosis 1 yr
Other conditions (Include pregnancy within 3 months of death) 11 mo 20 hrs
Major findings:
Of operations
Of autopsy
8 30 1

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature H. L. Smith (M. D. or other) MD
Address 5516 Smith Date signed 3-9-45

(Licensed Embalmer's Statement on Reverse Side)

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 3454

....., Registered Apprentice No.....,

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 1456 Manchester

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.