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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14621**

FILED APR 23 1945

Registration District No. **317**

Primary Registration District No. **6046**

Registrar's No. **818**

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

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1. PLACE OF DEATH:

(a) County **St. Louis County**

(b) City or town **Jefferson Barracks**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Veterans Administration Facility**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **Adm. Mar. 27, 1945**
(Specify whether)

In this community **51 years.**
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town **Maplewood**
(If outside city or town limits, write "RURAL")

(d) Street No. **3260 Walter Avenue**
(If rural, give location)

(e) Citizen of foreign country? **-** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Roger STEPHENS**

3. (b) If veteran, name war **World War #1**

3. (c) Social Security No. **488-28-3771**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **30th.**
year **1945** hour **11:25** minute **A.** M.

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Mrs. May Stephens**

6. (c) Age of husband or wife if alive **37** years

7. Birth date of deceased **October 10, 1893**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **March 27, 1945** to **March 30, 1945**; that I last saw him alive on **March 30, 1945**; and that death occurred on the date and hour stated above.

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

51 **5** **20** hr. min.

Immediate cause of death: **CORONARY ARTERIOSCLEROTIC HEART DISEASE WITH CORONARY OCCLUSION.** **Unknown**

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

10. Usual occupation **Timekeeper**

Due to: -

Due to: -

Other conditions **Shock.**
(Include pregnancy within 3 months of death)

11. Industry or business **Rust Engineering Co. St. Louis**

MOTHER FATHER { 12. Name **William T. Stephens**

13. Birthplace **Flint Hill, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Clara Lawlond**

15. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

Major findings: Of operations **No operation.** **930**

Of autopsy **No a utopsy.**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Clinical Records**

(b) Address **Vet. Adm. Fac., Jeff. Brks., Mo.**

17. (a) **Burial** (b) Date thereof **April 2, 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park, St. Louis, Mo.**

18. (a) Signature of funeral director **Jay B. Smith**

(b) Address **7456 Manchester Ave, Maplewood, Mo.**

19. (a) **APR 3 1945** (b) **E. B. H. Parson**
(Date received local registrar's) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **no**

(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 **E. V. EDWARDS, MAJOR, M. G. D. or other**

Address **CLINICAL DIRECTOR** Date signed **3/30/45**

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 E. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 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.