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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15621

Registration District No. 818 Primary Registration District No. 1003

Registrar's No. 4189

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: 5475 Cabanne

Winston Churchill Apt. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 5475 Cabanne Ave., Winston Apt. (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JOHN Chauvine Stephens

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Male

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 — (Month) — (Day) 1871 (Year)

8. Age abt — Years 74 Months — Days — If less than one day hr. min.

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

10. Usual occupation Architect

11. Industry or business

MOTHER FATHER

12. Name William Stephens

13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

14. Maiden name Rose Oberchaun

15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. J. White

(b) Address 329 Belt Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 12 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Boulevard

19. (a) MAY 11 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1945 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from March 1945, 1940, to May 9, 1945, that I last saw him alive on May 9, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	3 days
Due to Arterial Hypertension	4 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 W. P. Glasser (M. D. or other)

Address 601 University Club Bldg Date signed 5/16/45

(Licensed Embalmer's Statement on Reverse Side)

6008

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 Thomas R Fenwick

Licensed Embalmer No. 3793

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.