

FILED SEP 22 1945

Registration District No. **317**

Primary Registration District No. **6076**

Registrar's No. **2237**

1. PLACE OF DEATH:

(a) County St. Louis
(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 5 days (Specify whether
In this community 15 years
years, months or days)

3. (a) PRINT FULL NAME STEPHENS, Donald G.

3. (b) If veteran, name war World II 3. (c) Social Security No. Unknown

4. Sex Male () 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 15 years (Day) (Year)

7. Birth date of deceased November 15 1914
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>30</u>	<u>10</u>	<u>0</u>	hr. min.

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

10. Usual occupation Dance Band

11. Industry or business --

MOTHER FATHER {
 12. Name Raleigh Stephens
 13. Birthplace Bowling Green Kentucky
 (City, town, or county) (State or foreign country)
 14. Maiden name Bertha (Maiden name unobtainable)
 15. Birthplace Ellis Grove Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant Clinical Clerk, Vet. Adm. Fac.
(b) Address Jefferson Barracks, Missouri

17. (a) Burial (b) Date thereof 9/18/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Robert L. Ambruster

(b) Address 6633 Clayton Road

19. (a) 9-18-45 (b) E. S. Edwards, Jr.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 2435 Hood Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 15
year 1945 hour 9:20 minute P. M.

21. I hereby certify that I attended the deceased from September 10, 1945, to September 15, 1945;
that I last saw him alive on September 15, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death RHEUMATIC HEART DISEASE WITH MULTIPLE VALVULAR DAMAGE & MYOCARDIAL DAMAGE.

Duration
Unknown

Due to --

Due to --

Other conditions --
(Include pregnancy within 3 months of death)

Major findings:
Of operations No operation

Of autopsy No 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) 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 None

23. Signature E. S. EDWARDS, LT. COL., (M. D. or other) M. C.,
Clinical Director,
Address Vet. Adm. Bldg., Jefferson Barracks, Mo. Date signed 9/17/45

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

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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 Ronald W. Schoene

Licensed Embalmer No. 3864

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: