

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32419**
8910
Registrar's No.

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Pacific Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town 3731 Shreve Ave.
(If outside city or town limits, write "RURAL") 717
(d) Street No. St. Louis, Mo.
(If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Samuel Ruderford Stevenson

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

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

6. (b) Name of husband or wife Anna Maria Louisa Stevenson 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased October 12, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 0 3 _____ hr. _____ min.

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

10. Usual occupation Retired Railroadman

11. Industry or business _____

12. Name Unknown Stevenson

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

14. Maiden name Jane McWilliamson

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

16. (a) Informant Mrs. A.M.L. Stevenson

(b) Address 3731 Shreve Ave.

17. (a) Burial (b) Date thereof 10/18/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Maus.

18. (a) Signature of funeral director Paschedag-Henke Fun.

(b) Address 2825 N. Grand Blvd.

19. (a) OCT 16 1945 J.F. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15
year 1945 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from Last 15
minutes of his life only. He was under
care of Mo. Pac. Hosp. Assn. Physicians
that I first saw him alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Dilatation
Duration 1 hr.

Due to Hypertensive Heart Disease 15 yrs

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy Coroner's office refused
body in lieu of physicians certificate

22. If cause of death is due to death 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? _____

Home _____ (Specify type of place)
Where at work? _____ (b) Means of injury _____

23. Signature John Crowe (D. or other) _____
Address 175 S. Grand St. Louis 4 Date signed 10/15

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

17
9

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..... *W. Wilkerson*

Licensed Embalmer No. *3575*

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.