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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 9 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15677

Registration District No. #48692 318

Primary Registration District No. 1003

Registrar's No. 4494

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital, Max Starkloff Memorial
(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 Infant

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. 3709a Cote Brilliant
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ~~BABY BOY~~ STEVENS

3. (b) If veteran, name war

3. (c) Social Security No.

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 April (Month) 16 (Day) 1947 (Year)

8. AGE: Years | Months | Days 2 | If less than one day 8 hr. 40 min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Kenneth Stevens
13. Birthplace Coldwater, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Carter
15. Birthplace Womach, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Kenneth Stevens
(b) Address 3709a Cote Brilliant

17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date 5-1-47 (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director O. Richter
(b) Address 3500 Ridgeway

19. (a) MAY 2 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19 year 1947 hour 4:30 minute P M.

21. I hereby certify that I attended the deceased from 4-16-47, 19, to 4-19-47, 19; that I last saw him alive on 4-19-47, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Prematurity Infant.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause of 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 S. W. Gillett (M. D. or other)
Address 1515 Lafayette Date signed 4-21-47

Jefferson City Printing Co.

(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.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.