

S. No. 2
M-5-43
5-17-39
1 X3667

FILED JUN 30 1947

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: 2613 Lucas
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether)

In this community 33 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

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

(d) Street No. 2613 Lucas
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Nina Pearl Stevenson

(b) If veteran, name war NO

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1947 hour 1:45 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race Col

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Ruben Stevenson 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased April 4
(Month) (Day) (Year)

Immediate cause of death Acute Hepatitis; (Heil's Disease)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 3 1/2

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

About 38 hr. min.

9. Birthplace Hickman, Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business none

12. Name Howard Nelson

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

14. Maiden name unknown

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

16. (a) Informant Ruben Stevenson

(b) Address 2613 Lucas

17. (a) Burial (b) Date thereof June 20 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director A. L. Royal

(b) Address 27 26 Lucas Ave

19. (a) JUN 18 1947 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury B

23. Signature Thomas F. Callahan (M. D. or other)
Address _____ Date signed 6-19-47

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

mil

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 *Vera Thompson Wilson*

Licensed Embalmer No. *4435*

P. O. Address *4738^a Vermont*

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.