V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26096

FILED AUG 8 1947

Registration District No. 18

Primary Registration District No. 1003

Registrar's No. 7034

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

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: Homer G Phillips Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 hrs (Specify whether years, months or days)
In this community 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 060
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 3505 Lawton (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 21 2
If yes, name country

3. (a) PRINT FULL NAME Joseph Stephens
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar (Month) 10 (Day) 1886 (Year)
8. AGE: Years 61 Months 4 Days 15 If less than one day hr. min.
9. Birthplace Little Rock (City, town, or county) Ark (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Scullin Steel Foun
MOTHER FATHER
12. Name Joe Stephens
13. Birthplace (City, town, or county) Ark (State or foreign country)
14. Maiden name Mary Lang
15. Birthplace (City, town, or county) Ark (State or foreign country)
16. (a) Informant Ophelia Walker
(b) Address 4239 Helmar Blvd
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood
18. (a) Signature of funeral director Atkins Bros
(b) Address 3644 Finney Ave
19. (a) JUL 29 1947 (Date received local registrar) (b) J. F. Pearce (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 year 1947 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 24, 1947, to July 25, 1947; that I last saw him alive on July 25, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	Unk
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

108

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 0

23. Signature O. L. Daniels (M. D.)
Address 2601 N Whittier St Date signed 7-28-47

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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney Ave

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.