

No. 2
2-45
17-39
X47070

FILED AUG 21 1947

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2555**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**

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

(c) Name of hospital or institution: **4052 Westminister /**
(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)

3. (a) PRINT FULL NAME **John E. Stevens**

3. (b) If veteran, name war **None**

3. (c) Social Security No. _____

4. Sex **Male** **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Frieda Stevens**

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **October 18, 1867**
(Month) (Day) (Year)

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

79	9	20	hr. _____ min.
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9. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired 3 yrs clerk**

11. Industry or business _____

MOTHER FATHER

12. Name **John Stevens**

13. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Unk**

15. Birthplace **Unk** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Frieda Stevens**

(b) Address **4052 Westminister**

17. (a) **Burial** (b) Date thereof **8-11-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Parklawn Southern Funeral Home**

18. (a) Signature of funeral director _____

(b) Address **6322 S. Grand Blvd.**

19. **AUG 10 1947** (b) **J. F. Brucke**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL")

(d) Street No. **4052 Westminister** **9**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **9th**
year **1947** hour **2** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **Aug 7 -** 19**47**, to **Aug 8 -** 19**47**
that I last saw **him** alive on **Aug 8** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Artery Sclerosis, Chronic Degenerative heart disease**

Due to **Seridaty**

Due to **aggravated by exposure heat**

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

Major findings:
Of operations _____ **92**

Of 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) _____

(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? **11**

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

23. Signature **Richard Bullard** (M. D. or other) **MD**

Address **3829 Westminister** Date signed **7/9/47**

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

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 *John Buckley*
Licensed Embalmer No. *365B*
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.