. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33056

FILED OCT 4 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 90237

1. PLACE OF DEATH:
(a) County
(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: St. Louis City 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 Missouri (b) County 600
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1214 South Newstead Ave., 9
(If rural, give location) 18
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Herschel Boyd Stephens
3. (b) If veteran, name war None
3. (c) Social Security No. None
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 June (Month) 1 (Day) 1943 (Year)

8. AGE: Years 4 Months 3 Days 27 If less than one day hr. min.

9. Birthplace Salem (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Child
11. Industry or business
12. Name Jewel Stephens
13. Birthplace Salem (City, town, or county) Missouri (State or foreign country)
14. Maiden name Juanita Holloway
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Jewell Stephens
(b) Address 1214 South Newstead Ave.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/29/47 (Month) (Day) (Year)
(c) Place: burial or cremation Salem, Missouri.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.,
19. (a) SEP 29 1947 (Date received by registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28th year 1947 hour 4 minute 20 P. 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.

Duration

Immediate cause of death Fracture of skull, Brain injury W/ Gen on Auto mobile Cause Bicycle Edward Brown

Due to Blunt with an Auto mobile Cause by one Alfred Montgomery

Due to Cause The Negligence of Jump the Curb and Hit the deceased

Other conditions (include pregnancy within 3 months of death) While North west Corner of Tower Grove and Norfolk Grounds 4:30 P.M. Sept 17

Major findings: Of operations 0

Of autopsy 0

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) Accident, OOD
(b) Date of occurrence Sept 17 - 1947
(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 (M. D. or other)
Address Date signed

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.....Henry M. Brammer

Licensed Embalmer No.....K-200.

P. O. Address.....St. Louis

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.