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. 40221

FILED DEC 6 1947

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 10684

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: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 months & 1 day (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Wayne 999
(c) City or town Wayne City 11
(If outside city or town limits, write "RURAL")
(d) Street No. N.R. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Charles Curtis Stephenson
3. (b) If veteran, name war No
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lucille Stephenson
6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased December (Month) 18 (Day) 1917 (Year)

8. AGE: Years 29 Months 11 Days 1 If less than one day hr. min.

9. Birthplace Wayne Co. (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Foreman
11. Industry or business
FATHER
12. Name Charles Stephenson
13. Birthplace Wayne Co. (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Dersie Lane
15. Birthplace Wayne Co. (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Charles Stephenson
(b) Address Wayne City, Ill.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation Wayne City, Ill.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) NOV 20 1947 (Date received local registrar) J. F. Bradley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19 year 1947 hour 9 minute 10 A.M.
21. I hereby certify that I attended the deceased from September 18, 1947 to November 19, 1947 that I last saw him alive on November 19, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of the cecum	
Due to:	
Due to:	
Other conditions: Abdominal abscess (Include pregnancy within 3 months of death)	
Major findings: Of operations: As above	
Of autopsy: None performed	

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 J R Bradley, (M. D. or other)
Address Barnes Hospital Date signed 11/19/47

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. 4053

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.