

S. No. 2
M-5-43
y. 5-17-39
I X36671

FILED FEB 28 1948

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:
3200a Franklin Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25yrs. (Specify whether years, months or days)

In this community 25yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County oso

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

(d) Street No. 3200a Franklin Avenue 4
(If rural, give location)

(e) Citizen of foreign country? 11 (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Robert Stevens

3. (b) If veteran, name war _____

3. (c) Social Security No. 489-12-6018

4. Sex Male 2

5. Color or race Caucasian

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

6. (b) Name of husband or wife Virginia H. Stevens

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Nov. 21 1889
(Month) (Day) (Year)

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

58 2 25 hr. min.

9. Birthplace Pine Bluff Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name John Stevens

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

14. Maiden name Ellen Mc Glee

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

16. (a) Informant (Mrs.) Virginia Henry Stevens

(b) Address 3200a Franklin Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-48
(Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Peoples Und. C. O.

(b) Address 3100 Franklin Avenue

19. (a) FEB 17 1948 (Date received local registrar) J. F. Reddock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12th year 1948 hour 8 minute 10 A: M.

21. I hereby certify that I attended the deceased from 2-12 to 2-12, 1948, to 2-12, 1948

that I last saw alive on 2-12, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Myocardial Infarction

Due to _____

Due to _____

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

Major findings:
Of operations _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. W. W. [unclear] (M. D. or other) 0

Address 3200a Franklin Ave Date signed 2/14/48

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 H. Petrus

..... Licensed Embalmer No. *1184*

P. O. Address. *H. Kains, 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.