WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

35006

1. PLACE OF DEATH

County ..... Registration District No. 791 ~~903~~ File No. .....

Township ..... Primary Registration District No. ..... Registered No. 9213

City St. Louis (No. 5844a Enright Ave. St. ..... Ward)

2. FULL NAME Lucy A. Stevenson

(a) Residence, No. 5844a Enright St., 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marion Stevenson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 19, 1860

7. AGE YEARS 73 MONTHS 2 DAYS 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rushville Illinois

FATHER

13. NAME Wm N. Huston.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER

15. MAIDEN NAME Sarah Coleman.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hopkinsville Kentucky

17. INFORMANT (ADDRESS) Marion Stevenson 5844a Enright Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Laurel Hill Cem DATE Oct. 26, 1933

19. UNDERTAKER (ADDRESS) Shepard Funeral Home 1167-69 Hamilton Ave.

20. FILED OCT 25 1933, 19 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 24, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1933, to Oct 24, 1933

I last saw her alive on Oct. 13, 1933. Death is said to have occurred on the date stated above, at 12:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	1930
131	
77	

Other contributory causes of importance:

Arteriosclerosis general	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Albert E. Taussig, M. D.

(Address) 3720 Washington St. Louis

A. E. [illegible]
3730 Wash.
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