

NOV 9 1935

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

Do not use this space.

31429

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1003**
City **St. Louis** (No. **3123**, **Juanhae ave**) _____ St. _____ Ward _____

File No. _____
Registered No. **8285**
St. _____ Ward _____

2. FULL NAME

Emma W. Stephens
(a) Residence, No. **3123 Juanhae** St., **3** Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Late Bernhard Stephens**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov 24 1858**

7. AGE YEARS **76** MONTHS **10** DAYS **6** If LESS than 1 day, _____ hrs. or _____ min.

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

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) **St. Louis Mo**

13. NAME **Fred Steigmann**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Louise Treibler**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANTS (ADDRESS) **Ben Stephens**
9123 Juanhae ave

18. BURIAL, CREMATION, OR REMOVAL PLACE **New Parkers** DATE **Oct 3 35**

19. UNDERTAKER **W. J. Chasner Mortuaries**
(ADDRESS) **4228 So. Broadway**

20. FILED **OCT - 2 1935** **J. Brebeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 30 1935**

22. I HEREBY CERTIFY, That I attended deceased from **8-15-34**, 19____, to **Sept 30**, 1935. I last saw her alive on **Sept 29th**, 1935. Death is said to have occurred on the date stated above, at **6⁴⁰ P. M.**
The principal cause of death and related causes of importance were as follows:

Cardiac Paralysis
Characterized by Heart Block Date of onset **8-24**

Other contributory causes of importance: **Senility**

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? **No**

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? _____
If so, specify **No**
(Signed) **Frank E. Chase**, M. D.
(Address) **3133 Partis ave**

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.

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Dr J. E. Chase

3/33 Paris Ave

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