

JUL 14 1936

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

Do not use this space.

24494

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No. Deaconess Hospital)

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 6113
St. Ward)

2. FULL NAME Moses A. Stephenson

(a) Residence, No. 6721 Manchester Ave., St. 4 Ward.

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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13/36

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nora Stephenson

22. I HEREBY CERTIFY, That I attended deceased from 5-20, 1936 to 6-13, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19, 1889.

I last saw h. im alive on June, 13, 1936 Death is said to have occurred on the date stated above, at 3.48 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
66 5 26

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

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

Broncho - Pneumonia
51
Other contributory causes of importance:
Carcinoma of Prostate
Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

Name of operation..... Date of.....
What test confirmed diagnosis? clinical Was there an autopsy? no

13. NAME John Stephenson

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)

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

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

15. MAIDEN NAME Don't Know

Manner of injury.....
Nature of injury.....

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

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) J. M. Webb M. D.
(Address) 4501^a Manchester

17. INFORMANT Glenn O. Stephenson
(ADDRESS) 1720 Veronica Ave.,

18. BURIAL, CREMATION, OR REMOVAL Salvary Cem. DATE June 15/36.

19. UNDERTAKER Jos. W. Clark
(ADDRESS) 1125 Hodiamont Ave.,

20. FILED JUN 15 1936 J. F. Bredeck
Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Webb L.M.
450I Manchester
Fr. 0630