

APR 9 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**City St. Louis (No. City Hospital (enroute))File No. **10585**Registered No. **3159**

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Louis A. Stevens(a) Residence, No. 1421 S. Vanderventer St., 18 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nettie Stevens6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
<u>about 48</u>			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P.W.A.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co. Mo.13. NAME George Stevens14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT Albert Stevens  
(ADDRESS) 1421 S. Vanderventer

18. BURIAL, CREMATION, OR REMOVAL

PLACE Anacanda Mo. DATE 3-24-37 19.19. UNDERTAKER Kriegshauser Montuaries  
(ADDRESS) 4104 Manchester Av.20. FILED MAR 22 1937 J. T. Bredek  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-21-37, 1922. No physician in attendance  
HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 3:15 A.M.

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

Date of onset

Hemorrhage due to fracture of skull and cervical spine received upon struck by auto in St. Louis, Mo.

Other contributory causes of importance:

Deceased was a pedestrianPrimal Cause

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

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

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

Accident, suicide, or homicide Run (acc) Date of injury 3/21, 1937Where did injury occur? St. Louis, Mo.  
(Specify city or town, county, and State)

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

Manner of injury Public Place  
struck by autoNature of injury Fractured skull24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify

(Signed) Joseph M. Quinn, M.D.(Address) Deputy Coroner

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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