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.

REC'D APR 11 1938

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

Do not use this space. 8591

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 2179

(c) City Saint Louis (d) Street No. Homer G. Phillips Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

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

2. PRINT FULL NAME Addie Stevenson 3/5

(a) Residence, No. 2305 LaSalle Street St. 22
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. ~~MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Henry Stevenson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown-1879

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
About 59			

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) Stewart County
(STATE OR COUNTRY) Tennessee

FATHER

13. NAME Unavailable

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

MOTHER

15. MAIDEN NAME Addie McKinney

16. BIRTHPLACE (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) Tennessee

17. INFORMANT Violet Morris
(ADDRESS) 2305 LaSalle Street,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE 3/5/38 19

19. FUNERAL DIRECTOR Charles J. Gates
(ADDRESS) 4107 Finney Avenue

20. FILED MAR 4 1938 J. F. Bredeck Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1, 1938

22. I 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 1:10 A.M.

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

	Date of onset
Fracture of left femur;	
Arteriosclerosis; following fall	
down two steps leading from doorway	
of her home 2305a LaSalle St., to	
concrete sidewalk, on Nov. 16, 1937,	
about 8:00 P.M.	

Other contributory causes of importance:

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? Accident Date of injury 11/16/1937

Where 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.
In front of her Home

Manner of injury See Above

Nature of injury

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

If so, specify

(Signed) [illegible], M. D.

(Address) 1300 Clark Avenue

Coroner

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... B. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)