

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1. PLACE OF DEATH: **1003**
 (a) County St Louis ✓
 (b) City or town St Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Res. 8116 N. Broadway
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days

3. (a) PRINT FULL NAME Bernadina Stephens 315
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Frank Stephens 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov 17 1848
 (Month) (Day) (Year)

8. AGE: Years 90 Months 7 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Ger 6
 (City, town, or county) (State or foreign country)

10. Usual occupation House work 6

11. Industry or business _____

12. Name John Kramer 6

13. Birthplace Ger
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown
 (City, town, or county) (State or foreign country)

15. Birthplace Ger
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Annes Wehmeyer

(b) Address 8116 N. Broadway

17. (a) Burial (b) Date thereof July 17-1939
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Bronschwig Ind. Co.
 (b) Address 4746 N. Florissant Av.

19. (a) JUL 15 1939 (b) _____
 (Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo 1 (b) County _____
 (c) City or town St Louis 8
 (If outside city or town limits, write "RURAL")
 (d) Street No. 8116 N. Broadway
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 70 years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 13
 year 1939 hour 7 minute 45 A. M.

21. I hereby certify that I attended the deceased from Dec 19 1930, to July 13 1939;
 that I last saw her alive on July 12 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary vascular renal disease 9 yrs
with hypertension
 Due to general arteriosclerosis
 Due to Senility

Other conditions None
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Reumert Hauer (M. D. or other) _____
 Address 1117 N Grand Date signed July 14

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Albert E. Hopper

Licensed Embalmer No.

2971

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.