DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 13 1939

MISSOURI STATE BOARD OF HEALTH

791 STANDARD CERTIFICATE OF DEATH

State File No. 37786

Registration District No. 1008 Primary Registration District No. Registrar's No. 9625

1. PLACE OF DEATH:
(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: Deaconess (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Weeks (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Maplewood (If outside city or town limits, write "RURAL") N.R.
(d) Street No. 3262 Walter (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME William T. Stephens 315
3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Clara Stephens
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 30, 1861 (Month) (Day) (Year)
8. AGE: Years 78 Months 5 Days 30 If less than one day hr. min.
9. Birthplace Flint Hill, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER 12. Name Lawrence Stephens
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Alice Crippen
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Roy Stephens
(b) Address 3262 Walter
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-11-1939 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester
19. (a) NOV 10 1939 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9 year 1939 hour 12 minute 50 A. M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis with extensive cystic degeneration; Contrib: Fracture of Femur; Duration
Due to suffered in auto accident in Franklin County, Missouri, on or abt.
Due to Sept. 28th, 1939, exact time unknown
Collision 2 cars
Other conditions CAUSE AND MANNER OF SAME
(Include pregnancy within 3 months of death)
COULD NOT BE DETERMINED:
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 Sept. 28, 1939
(c) Where did injury occur? Franklin County, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work?
(e) Means of injury
23. Signature Joseph M. Lucas (M. D. or other)
Address Deputy Coroner Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.

REV. 5-17-39 1 X19511

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 J. P. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.