

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38067**

DEC 13 1939 791

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **9906**

1. PLACE OF DEATH: **1003**
 (a) County _____
 (b) City or town **St. Louis**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Homer G. Phillips Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2 days**
 (Specify whether years, months or days) **52 years**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County _____
 (c) City or town **St. Louis**
 (If outside city or town limits, write "RURAL") **//**
 (d) Street No. **4450a Aldine**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **Joseph H. Stevenson 315**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **Unavailable**

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Widower**
 6. (b) Name of husband or wife **Sallie Stevenson** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **June 15, 1870**
 (Month) (Day) (Year)

8. AGE: Years **69** Months **5** Days **2** If less than one day hr. _____ min. _____

9. Birthplace **Jackson Tennessee**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Janitor**

11. Industry or business **Retired—Terminal Railway**

MOTHER FATHER
 12. Name **Shederick Stevenson**
 13. Birthplace **Nashville, Tennessee**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Unavailable—Jackson**
 15. Birthplace **Unavailable**
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **William Stevenson**
 (b) Address **4450 A Aldine Avenue**

17. (a) **Burial** (b) Date thereof **11/20/1939**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **Charles J. Bales**
 (b) Address **4107 Finney Avenue**

19. **Nov 20 1939** (b) **J. B. Bales**
 (Date of registration) (Registrar's Signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **11** day **17**
 year **1939** hour **3:15** minute **A.** M.

21. I hereby certify that I attended the deceased from **11-16-** 19 **39**, to **11-17-** 19 **39**;
 that I last saw him alive on **11-17-** 19 **39**;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerosis, General** Duration **About 8 Yrs.**
 Due to **Cardiac Hypertrophy** **Unknown**
Hypertrophy of Prostate

Due to _____
 Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
 Of autopsy **As above**
 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 **H. J. Lyman** (If D. or other) **11-18-1939**
 Address **2601 N. Whittier** Date signed

STATEMENT BY LICENSED EMBALMER

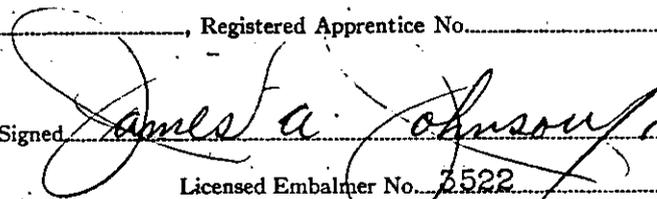
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

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

working under my personal supervision.

Signed



Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

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.