

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8848
Registrar's No. 2331

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:
(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:
3883a McDonald
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 50 years
(years, months or days)

3. (a) PRINT FULL NAME Margaret A. Stephens
3. (b) If veteran, name war 1 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 Charles 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 14, 1851
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>5</u>	<u>25</u>	hr. _____ min.

9. Birthplace Jefferson County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER
12. Name Edward Bates Wiley
13. Birthplace Jefferson County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature M. A. Stephens
(b) Address 5244 Devonshire ave

17. (a) Burial (b) Date thereof 3/11/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Wacker Elderle
(b) Address 2331 S. Broadway

19. (a) MAR 9 1940 (b) J. P. [Signature]
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")
(d) Street No. 3883a McDonald
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8
year 1940 hour 2 minute 50 p.m.

21. I hereby certify that I attended the deceased from March 7th, 1940, to March 8, 1940
that I last saw h alive on March 8, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis
Due to Arterio Sclerosis

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

Major findings: Of operations none
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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) (d) Means of injury _____
23. Signature J. E. [Signature] (M. D. or other) _____
Address 2331 S. Broadway Date signed 3/8/40

Duration _____
Physician _____
Underline the cause to which death should be charged statistically

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. *Frank J. Hand Sr.*
Licensed Embalmer No. *2675*
P. O. Address. *Eden, Mo.*

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.