

No. 2
11-10-39
5-17-39
I X21482

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12436

APR 11 1940

State File No. _____

Registration District No. 284

Primary Registration District No. 111

Registrar's No. 686

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis Richmond Hts.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7430 Wise Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Richmond Hts.
(If outside city or town limits, write "RURAL")
(d) Street No. 7430 Wise Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th
year 1940 hour 6:15 minute A.M.
21. I hereby certify that I attended the deceased from Aug 12
1940, 19. to April 8, 1940
that I last saw him alive on April 8, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____
chronic interstitial
nephritis

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

Major findings: _____
no Of operations _____
Of autopsy _____

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? _____

(e) While at work _____ (Specify type of place)
(f) Means of injury _____
23. Signature D A Thomson (M. D. or other)
Address 3121 N Grand Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

8. (a) PRINT FULL NAME Collie L. Stevenson 315

8. (b) If veteran, name war None 3. (c) Social Security No. 492-03-8491

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Grace Stevenson 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Nov. 24 1885
(Month) (Day) (Year)

8. AGE: Years 54 Months 4 Days 15 If less than one day hr. _____ min. _____

9. Birthplace Pacific Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Gas Fitter

11. Industry or business Laclede Gas Co.

12. Name Unknown Stevenson

13. Birthplace Unknown 4
(City, town, or county) (State or foreign country)

14. Maiden name Alice Smith

15. Birthplace Pacific Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace Stevenson

(b) Address 7430 Wise Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 10-40
(Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Kriegshauser Montuani
(b) Address 4288 So. Kingshighway

19. (a) APR - 8 1940 (Date received local registrar) (b) R. Meyer (Registrar's signature)

10-12-24
S121 N. Grand

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 Edwin M. Kernutt

Licensed Embalmer No. 3024

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.