

Registration District No. **791**

Primary Registration District No. **1003**

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

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:
815 Salisbury St. 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Fred Stephenson 315

3. (b) If veteran, name war Unknown 3. (c) Social Security No. 335-10-4783

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

6. (b) Name of husband or wife Bessie 6. (c) Age of husband or wife if alive Married years

7. Birth date of deceased Nov. 2 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>6</u>	<u>20</u>	hr. _____ min.

9. Birthplace Litchfield Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Steel Worker

11. Industry or business _____

MOTHER FATHER { 12. Name Csse E. Stephenson

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

14. Maiden name Sarah Jane Wayne

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

16. (a) Informant Mrs. Bessie Stephenson

(b) Address 815 Salisbury St.

17. (a) Removal (b) Date thereof 5-23-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Litchfield, Ill.

18. (a) Signature of funeral director Albert H. Hoppe.

(b) Address 4700 Washington

19. (a) MAY 22 1940 (b) J. J. Bredt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 26
(If outside city or town limits, write "RURAL")
 (d) Street No. 815 Salisbury St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 22
 year 1940 hour 3 minute 30 AM.

21. I hereby certify that I attended the deceased from May 5, 1940 to May 22, 1940
 that I last saw him alive on May 20, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic glomerulonephritis. 2
Duration

Due to _____

Due to _____

Other conditions [Signature]
(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 Jos Kessler (M. D. or other) _____
 Address 3804 N 14th St Date signed 5-22-40

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 W. Happe

Licensed Embalmer No. 1861

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.