

FILED SEP 3 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29630

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1622

1. PLACE OF DEATH:

(a) County Lamar St. Louis
 (b) City or town Lamar
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Rose Sanatorium
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4/29 to 8/24/40
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair
 (c) City or town East St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3103 Bond St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Otto Stevens 215

3. (b) If veteran, name war _____ 3. (c) Social Security No. 329210-3462

4. Sex male 5. Color or race white
 6. (a) Name of husband or wife Blanche 6. (a) Single, widowed, married, divorced widowed
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov. 24, 1882
 (Month) (Day) (Year)

8. AGE: Years 57 Months 9 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Terre Haute, Ind.
 (City, town, or county) (State or foreign country)

10. Usual occupation Foreman

11. Industry or business Aluminum Ore Co.

12. Name Henry Stevens

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

14. Maiden name Sara Butler

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

16. (a) Informant J. Menestoma

(b) Address East St. Louis, Ill.

17. (a) East St. Louis, Ill. (b) Date hereof Aug. 26, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Carmel

18. (a) Signature of funeral director _____
 (b) Address East St. Louis, Ill.

19. (a) AUG 25 1940 (b) _____
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24 L
 year 1940 hour 9 minute 50 A.M.
 21. I hereby certify that I attended the deceased from August 1, 1940
 _____, 19____, to August 24, 1940
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Pulm Tub. Duration 3 yrs.

Due to _____
 Due to None
 Other conditions None
 (Include pregnancy within 3 months of death)

Major findings: Chr. Pulm. Tub.
Cavitation
 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) 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)
 _____ (e) Means of injury _____

23. Signature Walter C. Hunsaker (M. D. or other) _____
 Address 317 W. 1st St. St. Louis Date signed 8/24/40

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

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-39
9
1492

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 _____

Licensed Embalmer No. 3162

P. O. Address East St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.