

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **7575**

FILED OCT 25 1940

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:
1407 S. Broadway
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 20 years
years, months or days)

3. (a) PRINT FULL NAME Emma Elvera Stevens

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Ben Stevens 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased November 23, 1905
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
34 9 15 hr. min.

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

10. Usual occupation Home

11. Industry or business _____

12. Name Charles Martin

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

14. Maiden name Martha Gaston

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

16. (a) Informant Ben Stevens

(b) Address 1407 S. Broadway

17. (a) Burial (b) Date thereof 9/10/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Lutheran

18. (a) Signature of funeral director Wacker - Welden

(b) Address 2331 S. Broadway

19. (a) SEP 9 1940 (b) J. P. Probeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
 (d) Street No. 1407 S. Broadway
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 8
 year 1940 hour 2 minute 2 A. M.

21. I hereby certify that I attended the deceased from Nov., 1936, to Sept 8, 1940
 that I last saw her alive on Sept 7, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Carcinomatosis
 Duration 2 1/2 yrs

Due to Carcinoma of breast 2 1/2 yrs

Due to _____

Other conditions 50
(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 R. P. Kern (M. D. or other) M. D.
 Address 2000 So Broadway Date signed 9/9/40

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

2
40
39
23159

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..... *Robert Wheeler*
Licensed Embalmer No..... *2128*
P. O. Address..... *St Louis 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, fact should be so stated above.