

No. 2  
-13-40  
-17-39  
X23159

**REC'D OCT 10 1940**  
Registration District No. **101**

Primary Registration District No. **101**

Registrar's No. **1724**

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Louis County Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days  
(Specify whether

In this community 25 years  
years, months or days)

3. (a) PRINT FULL NAME Charles Stedman

3. (b) If veteran, name war ?

3. (c) Social Security No. 498-07-7736

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Winifred Clay 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased Dec. 31 1864  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <u>75</u> | <u>8</u> | <u>10</u> | hr. min.             |

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

10. Usual occupation nil. 4

11. Industry or business 4

MOTHER FATHER { 12. Name James Stedman

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

14. Maiden name Sophia Unknown

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

16. (a) Informant Mrs. Winifred Stedman

(b) Address 4321 Beachwood

17. (a) burial (b) Date thereof Sept. 12  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's

18. (a) Signature of funeral director Geo. L. Pleitsch

(b) Address 5966 Easton

19. (a) SEP 10 1940 (b) DR Meyer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Pinelawn  
(If outside city or town limits, write "RURAL")

(d) Street No. 4321 Beechwood  
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10  
year 1940 hour 6 minute :20 A.M.

21. I hereby certify that I attended the deceased from 9-1-40  
9-10-40, 19... to 9-10-40, 19...;

that I last saw h. im alive on 9-10-40, 19...;

and that death occurred on the date and hour stated above.

Immediate cause of death  
Cardiac Insufficiency 48 hrs.

Due to arteriosclerotic Heart Disease 5 yrs.

Due to HO

Other conditions Continued Rib-Sigmoid Junction

Major findings:  
Of operations above - metastases to Regional lymph glands.

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? \_\_\_\_\_

7A  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature James Stedman (M. D. or other) 1

Address St. Louis Co. Hosp. Date signed 9/12/40

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

MAY 9 1962

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

*David C. Gibson*

, Registered Apprentice No. *3454*

working under my personal supervision.

Signed *David C. Gibson*

Licensed Embalmer No. *St. Louis 2*

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, fact should be so stated above.