

3. No. 2
4-13-40
5-17-39
PI X23159

Registration District No. **1940** **7800**

Primary Registration District No. **200**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
FILED DEC 1940

1. PLACE OF DEATH:
(a) County **St. Louis County**
(b) City or town **Jefferson Barracks**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Veterans Administration Facility**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Admitted 9/30/40**
(Specify whether years, months or days) **2**

3. (a) PRINT FULL NAME **William H. Stephens**

3. (b) If veteran, name war **World War** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Loretta** 6. (c) Age of husband or wife if alive **—** years

7. Birth date of deceased **July 5 1897**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 4 3 hr. min.

9. Birthplace **Dundrum, Ireland**
(City, town, or county) (State or foreign country)

10. Usual occupation **Salesman**

11. Industry or business **—**

12. Name **William Stephens**

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

14. Maiden name **Eleanor Sanders**

15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **M. Schullig**

(b) Address **Clinical Clerk, VAF, Jeff. Bks., Mo.**

17. (a) **Burial.** (b) Date thereof **Nov 11, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peters Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son**

(b) Address **2161 East Fair Ave.**

19. (a) **NOV 9 1940** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **—**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4929 Emerson St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **— unknown.** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **8th**
year **1940** hour **3:05** minute **p.** M.

21. I hereby certify that I attended the deceased from **Sept. 30, 1940** to **November 8, 1940**
that I last saw him alive on **November 8, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Tuberculosis, pulmonary, chronic, active, far advanced, Unkn.**

Due to **—**

Due to **231**

Other conditions **None.**
(Include pregnancy within 3 months of death)

Major findings: Of operations **—**

Of autopsy **No 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? **—**

While at work? **Cutting meat** (Specify type of place) (e) Means of injury **—**

23. Signature **C. W. HUGHES, M.D.** (M. D. or other) **1**

Address **Chief Medical Officer** Date signed **11/8/40.**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

William G. Bushnell

Licensed Embalmer No.

2110

P. O. Address

St. Louis, Mo.

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

If this body is not embalmed, fact should be so stated above.