S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 765

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 765

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: Missouri Pacific Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 2317
(If outside city or town limits, write "RURAL")

(d) Street No. 1409 Missouri Ave. 9
(If rural, give location)

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

3. (a) PRINT FULL NAME Everett W. Stephens

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race W.

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary Stephens

6. (c) Age of husband or wife if alive Decd. years

7. Birth date of deceased ? UNKNOWN
(Month) (Day) (Year)

8. AGE: Years 76 | Months | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Brakeman

11. Industry or business Missouri Pacific R.R.

FATHER
12. Name Lawrence Stephens
13. Birthplace Enroute to 8 U.S.A.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alice Griffin
15. Birthplace 1 Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Scott Stephens
(b) Address 8561 Natural Bridge Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-25-41
(Month) (Day) (Year)
(c) Place: burial or cremation Wentzville, Mo.

18. (a) Signature of funeral director Charles Hud Co.
(b) Address 3710 N. Grand Blvd.

19. (a) JAN 24 1941 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23
year 1941 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 21, 1941, to Jan. 23, 1941;
that I last saw him alive on Jan 22, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Toxemia	
Myocardial failure	
Due to Lobar pneumonia	3 days
Due to	
Other conditions Myocarditis, Chronic (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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature H. R. Atherton (M. D. or other) M.D.
Address Missouri Pacific Hosp Date signed 1-23-41

(Licensed Embalmer's Statement on Reverse Side)

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 L Brinkman

Licensed Embalmer No. 35-2-9

P. O. Address 3710 N Grand

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.