

FILED FEB 24 1947 91
Registration District No.

Primary Registration District No. 1003

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

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:
Enroute to City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 30 years
years, months or days)

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. 2804 Brannon Avenue
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day sixth
year 1942 hour 6:45 minute .. P.M.

21. I hereby certify that I attended the deceased from
....., 19....., to 19.....;
that I last saw h..... alive on..... 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

*Lobar Pneumonia
Pneumia*

Due to.....

Due to.....

Other conditions.....
(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) (Specify means of injury)

23. Signature Alfred Perry (M. D. or other)

Address St. Louis, Mo. Date signed 1/28/42

3. (a) PRINT FULL NAME GABRIEL STEPHENS

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

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

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

7. Birth date of deceased April 6, 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 9 0 hr. min.

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

10. Usual occupation unemployed

11. Industry or business

12. Name Benjamin Stephens

13. Birthplace Jefferson County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Isabel Johnston

15. Birthplace Jefferson County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Johnston

(b) Address 2804 Brannon Avenue

17. (a) Burial (b) Date thereof 1-9-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director A.W. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) JAN 10 (b) J. F. Budeck
(Date received local registrar's) (Registrar's signature)

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 *L.R. Casper*
Licensed Embalmer No. *3633*
P. O. Address *2317 Lafayette*

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.