

4860  
S. No. 2  
M-9441  
v. 5-17-39  
P-1 X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAR 17 1942

Registration District No. ....

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No. ....

State File No. 5000

Registrar's No. 1438

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

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Days  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 26  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1615 Hogen St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Nora Stephens

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

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

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

7. Birth date of deceased About 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
About 75 Unknown hr. min.

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

10. Usual occupation Housework

11. Industry or business.....

MOTHER FATHER  
12. Name Unknown  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant John O'Sullivan  
(b) Address 7605 Colorado

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

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director W.C. Mayhall

(b) Address 1952 Allen Ave

19. (a) FEB 16 1942 (b) J. G. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15,  
year 1942 hour 8:15 minute A. M.

21. I hereby certify that I attended the deceased from February 13, 19 42 to February 15, 19 42  
that I last saw her alive on February 15, 19 42  
and that death occurred on the date and hour stated above.

Immediate cause of death intermyocardial bleed  
Due to breast

Due to.....  
Other conditions (Include pregnancy within 3 months of death) 9/3/42

Major findings: Of operations.....  
Of autopsy not done

Duration

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, or public place?  
While at work? (Specify type of place) (Means of injury)  
23. Signature [Signature] (M. D. or other)  
Address 1515 Lafayette Avenue, Date signed 2/16/42

**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.....

*A. H. Jansky*  
.....  
Licensed Embalmer No. *4149*

P. O. Address *1976 Allen*

**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.**