

FILED MAR 17 1942 791
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: Peoples Hospital
(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

3. (a) PRINT FULL NAME Maggie Stevenson

3. (b) If veteran, name war _____

3. (c) Social Security No. None

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

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

7. Birth date of deceased 4 19 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>10</u>	<u>3</u>	hr. _____ min.

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

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER { 12. Name John Britton 9

13. Birthplace Unknown 1
(City, town, or county) (State or foreign country)

14. Maiden name Addie Hampton

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

16. (a) Informant Walter Stevenson

(b) Address 3029a Clark

17. (a) Burial (b) Date thereof 2/26/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Russell Und., Co.

(b) Address 2732 Pine Street

19. (a) FEB 26 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 18⁰⁰⁰ 17

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

(d) Street No. 3029a Clark
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 22nd day Feb. year 1942 hour _____ minute 5:30 P.M.

21. I hereby certify that I attended the deceased from Feb. - 17th to Feb. - 22nd 1942 that I last saw her alive on February - 22 - 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Uremic toxemia Duration 6 days

Due to Chronic parenchymatous Nephritis

Due to _____

Other conditions 1st
(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)

(e) Means of injury _____

23. Signature J. F. Bredeck (M. D. or other) 0

Address 1046 N. Vandeventer Date signed 2-25-42

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 Joel Russell
Licensed Embalmer No. 4112

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.