

FILED MAR 20 1942

Registration District No. 8942

Primary Registration District No. 6174

Registrar's No. 3

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town Rural Hickory Grove
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 _____
years, months or days

3. (a) PRINT FULL NAME BELL STEVERSON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE race NEGRO 5. Color or Color
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased 10 10 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 3 24 _____ hr _____ min.

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

10. Usual occupation DOMESTIC

11. Industry or business _____

MOTHER { 12. Name BEN OG LESBY
13. Birthplace VA. 1
(City, town, or county) (State or foreign country)
14. Maiden name PATSEY BIRD
15. Birthplace VA. 1
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Dora Lockett
(b) Address Forestell MO

17. (a) Rural (b) Date thereof 2-9-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Family home

18. (a) Signature of funeral director Metropolitan
(b) Address 3028 Mecklenburg St. St. Louis

19. (a) 2-9-42 (b) Julius Dreibing
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) _____
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 4th
year 1942 hour 7 minutes 50 P.M.

21. I hereby certify that I attended the deceased on
Feb. 5, 1942, to at 2 pm, 1942;
that I last saw her alive on the above date, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Myocarditis (Heart)
Coronary Thrombosis

Due to _____

Due to _____

Other conditions _____
(include pregnancy within 3 months of death)

Major findings:
Of operations 930
Of 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? _____ (Specify type of place)
(e) Means of injury _____

23. Signature John Killoran (M.D. or other)
Address High City MO Date signed Feb 4 1942

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

REV. 5-17-39
1-19311

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Char. L. Howell

Licensed Embalmer No. 2452

P. O. Address 3028 Dickson

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, above space should be left blank.