

FILED JUL 6 1947 91

State File No. 5358

Registrar's No.

Registration District No. Primary Registration District No. 100?

1. PLACE OF DEATH:

(a) County ST. LOUIS, MISSOURI
(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: PEOPLES HOSPITAL 3449 PINE ST.
(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 SAINT LOUIS 1917
(If outside city or town limits, write "RURAL")
(d) Street No. 4106 ENRIGHT AVE
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19th
year 42 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 17 1942 to June 20 1942
that I last saw him alive on June 19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Alveolar Heart Disease Duration 1 yr

Due to Chronic Nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 181
Of autopsy 181

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) Means of injury

23. Signature Samuel H. [Signature] (M. D. or other)
Address 925 N. Jefferson Date signed June 20

3. (a) PRINT FULL NAME DORA STEVENSON

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

4. Sex FEMALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife WILLIAM STEVENSON 6. (c) Age of husband or wife if alive 49 1/2 years

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

8. AGE: Years About 43 Months Days If less than one day hr. min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business

12. Name UNKNOWN 9

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

14. Maiden name ANNIE ? 9

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

16. (a) Informant William Stevenson

(b) Address 4106 ENRIGHT AVE. APT. G

17. (a) BURIAL (b) Date thereof 6-23-42 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director mary hales

(b) Address 4202 FINNEY AVENUE

19. (a) JUN 22 1947 (b) J. F. Bredich (Date received local registrar's) (Registrar's signature)

844 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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 Theodore
Yardell Registered Apprentice No. _____
working under my personal supervision.

Signed

Theodore Yardell

Licensed Embalmer No.

4243

P. O. Address

803 Holland Ave

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.