

No. 2
9-4-41
5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29209

FILED SEP 18 1942
318

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 7503

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:
4229 Red Bud Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether)

In this community Unknown
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 167
(If outside city or town limits, write "RURAL")

(d) Street No. 4229 Red Bud Ave 169
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME William F. Stephens

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 7th.
year 1942 hour 2:00 AM minute M.

21. I hereby certify that I attended the deceased from Sept 2 1942 to Sept 7 1942; that I last saw him alive on Sept 2 1942 and that death occurred on the date and hour stated above.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

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

7. Birth date of deceased October 18, 1864
(Month) (Day) (Year)

Immediate cause of death Organic Valvular Heart Lesion

Due to from history of case 6 mo -

Due to 17

Other conditions bronchitis - 1 week
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

77 10 19 hr. min.

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

10. Usual occupation Farmer Retired

11. Industry or business.....

MOTHER FATHER { 12. Name George Stephens

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

14. Maiden name Unknown

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

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

16. (a) Informant Henry E. Ellersieck

(b) Address 4229 Red Bud Ave

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

(c) Place: burial or cremation Memorial Park Cemetery

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.....

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) SEP 9 1942 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

23. Signature J. W. Shaw (M. D. or other)

Address 2336 Union Date signed Sept 8 42

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *Francis A Williamson*

Licensed Embalmer No..... *3565*

P. O. Address..... *St Louis Mo*

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.