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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42077

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2624

1. PLACE OF DEATH:

(a) County Saint Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Station Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Twenty-seven days (Specify whether
In this community Unknown years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County Saint Louis 13

(c) City or town Overland 1
(If outside city or town limits, write "RURAL")

(d) Street No. 9114 Meadowbrook Lane
(If rural, give location)

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

If yes, name country - - - 0

3. (a) PRINT FULL NAME JAMES WILLIAM STEVENSON

3. (b) If veteran, name war - - -

3. (c) Social Security No. - - -

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Adelia A. Stevenson

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

7. Birth date of deceased July (Month) 24 (Day) 1911 (Year)

8. AGE: Years 31 Months 4 Days 18 If less than one day - - hr. - - min.

9. Birthplace Saint Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Salesman & Credit Manager

11. Industry or business Westinghouse Electric Co

FATHER
12. Name Frank R. Stevenson
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Service Record & Clinical Record.
(b) Address Sta Hosp, Jefferson Bks, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-42 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway

19. (a) DEC 14 1942 (Date received local registrar) (b) E. G. McClanan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day Twelfth year 1942 hour 1905 minute - - M.

21. I hereby certify that I attended the deceased from November 16, 1942, to December 12, 1942; that I last saw him alive on December 12, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Embolism, thrombotic, pulmonary.

Due to Thrombus, phlebitis, pelvic, left.

Due to Herniaplasty, left, inguinal, at 0835 Nov 17, 1942, at Jefferson Bks, Missouri.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1220 2

Of autopsy Confirmed above.

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, in public place?
(Specify type of place)

While at work? Henry Sydow (e) Means of injury

23. Signature HENRY SYDOW, Capt, MC (M.D. or other) MD

Address Sta Hosp, Jefferson Bks, Mo. Date signed Dec 13/42

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.