

FILED FEB 4 1943

Registration District No. 318 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:
City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. one week
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME JOHN M. STENSON
 3. (b) If veteran, name war _____
 3. (c) Social Security No.

4. Sex MALE 5. Color or race W
 6. (a) Single, widowed, married, divorced, single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive, _____ years
 7. Birth date of deceased: NOV 10 1881
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 2 15 hr. min.

9. Birthplace Montgomery City Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Tobacco

MOTHER FATHER
 11. Industry or business _____
 12. Name Patrick Stenson
 13. Birthplace Ireland 4
 (City, town, or county) (State or foreign country)
 14. Maiden name Rononia Inghre
 15. Birthplace Ireland 4
 (City, town, or county) (State or foreign country)

16. (a) Informant Catherine Stenson
 (b) Address 1222 W. Eighth St.
 17. (a) Burial (b) Date thereof 1-28-43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary
 18. (a) Signature of funeral director John J. Collins & Bro
 (b) Address 928 W. Grand Blvd
 19. (c) J. F. Bredeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County 009 17
 (c) City or town St. Louis 925
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1222 W. Eighth St.
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 27
 year 1943 hour 11:05 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Polymen Encephalitis Duration
Fracture of pelvis when being
struck by an automobile driver
 Due to Dr. Meyer Savodnick at
millimeter of 139 and blacking
 Due at about 7:30 pm Jan 17, 1943

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

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident 000
 (b) Date of occurrence Jan 17 1943
 (c) Where did injury occur? St. Louis
 (City or town) (County) (State)
 (d) Did injury occur in or about home, or farm, in industrial place, in public place?
Public Place
 While at work? no (Specify type of place) (e) Means of injury Auto
 23. Signature James J. Stenson (M.D. or other)
 Address 1000 E. 12th Date signed _____

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 J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address City

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.