S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 18 1948

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 4814

Registrar's No. 1128

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:
St. Mary's Infirmary 0
(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 DEACESED: 000

(a) State Missouri (b) County 12

(c) City or town St. Louis 918
(If outside city or town limits, write "RURAL")

(d) Street No. 4147 Gratiot Street
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lewis Stevenson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race Negro

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

6. (b) Name of husband or wife Emma Stevenson

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

7. Birth date of deceased Feby. (Month) 18 (Day) 1867 (Year)

8. AGE: Years 75 | Months 11 | Days 13 | If less than one day hr. min.

9. Birthplace Florissant (City, town, or county) Missouri (State or foreign country)

10. Usual occupation nil

11. Industry or business

FATHER
12. Name Archie Stevenson
13. Birthplace Florissant (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Syraldia McCoy
15. Birthplace (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Ethel M Stone
(b) Address 4147 Gratiot St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 4 '43 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Russell Undt. Co.
(b) Address 2732 Pine Street

19. (a) FEB 4 1943 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day January year 1943 hour minute A. M.

21. I hereby certify that I attended the deceased from 1-20- 1943 to 1-31 1943
that I last saw h. alive on 1-31- 1943
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Chronic Interstitial Nephritis
Due to
Due to Uremia.
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None.

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 (e) Means of injury

23. Signature J. J. Thomas (M. D. or other)
Address 820 N. Jefferson Date signed 2/9/43

(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. Joel Russell

Licensed Embalmer No. 4112

P. O. Address.....

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.