

MAR 20 1943

Registration District No. 318

Primary Registration District No. \_\_\_\_\_

Registrar's No. 2209

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(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:  
Lutheran Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 hours  
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2708a Keokuk St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME John George Stevens

3. (b) If veteran, name war No (c) Social Security No. 488-18-6546

4. Sex Male 5. Color or race White 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 January 29, 1868  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>1</u>	<u>6</u>	hr. _____ min.

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

10. Usual occupation Beer Bottler  
11. Industry or business Anheuser-Busch

12. Name Jacob Stevens  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Wilhelmina Hauser  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur L. Stevens  
(b) Address 2708a Keokuk St.

17. (a) Burial (b) Date thereof 3 9 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS Peter & Paul Cem.

18. (a) Signature of funeral director Wacker-Heldt Und. Co.  
(b) Address 3634 Gravois Avenue

19. (a) MAR 8 1943 (b) J. F. Brudeak  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5  
year 1943 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from March 7, 1943 to March 5, 1943  
that I last saw him alive on March 6, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Occlusion  
Duration 3 days

Due to Chronic Myocarditis 10 yrs.

Due to \_\_\_\_\_

Other conditions Nose bleeds (ulcer) 1 mo.  
(Include pregnancy within 3 months of death)

Major findings: Of operations ✓  
Of autopsy ✓  
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) (e) Means of injury \_\_\_\_\_

23. Signature P. Higgins (M. D. or other) \_\_\_\_\_  
Address St. Louis, Mo. Date signed 3.6.43

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

MOTHER FATHER

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**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..... *Frank J. Island*.....  
Licensed Embalmer No. *2945*.....  
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.**