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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 28 1943

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 12839

Registrar's No. 3726

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

1. PLACE OF DEATH:

(a) County: St. Louis

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

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

(d) Length of stay: In hospital or institution 24 hrs (Specify whether years, months or days)

In this community 20 yrs.

2. USUAL RESIDENCE OF DECEASED: 003 12 11

(a) State: Missouri (b) County:

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

(d) Street No.: 3753 Lincoln Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Bessie L. Stover

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Robert

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

7. Birth date of deceased: Oct (Month) 22 (Day) 1886 (Year)

8. AGE: Years 56 Months 5 Days 27 If less than one day hr. min.

9. Birthplace: St. Paul (City, town, or county) Ky. (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

FATHER 12. Name: Seth West

13. Birthplace: (City, town, or county) West Va. (State or foreign country)

MOTHER 14. Maiden name: Lovenie McLaughlin

15. Birthplace: (City, town, or county) West Va. (State or foreign country)

16. (a) Informant: O. Kurrus

(b) Address: 2525 State St. E. St. Louis Ill

17. (a) E. St. Louis. Ill. (Burial, cremation, or removal) (b) Date thereof: April 22, 4 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Hope Cemetery

18. (a) Signature of funeral director: O. Kurrus

(b) Address: 2525 State Str. East St. Louis

19. (a) APR 21 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19 year 1943 hour 4:00 minute P.M. 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	Duration
Cerebral Apoplexy	
Due to:	
Due to:	
Other conditions (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: Alfred Harris (M. D. or other)

Address: Deputy Coroner Date signed 4/21/43

(Licensed Embalmer's Statement on Reverse Side)

AUG 8 1950

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. 3162

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, above space should be left blank.