

S. No. 2
M-5-42
V. 5-17-39
X 1287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16640

State File No.

MAY 19 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4386

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
114 n. Jefferson ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 46 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2346 Pine st.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME NADINE STEVENSON

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race Negro 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Alfred Stevenson 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased August 29th 1896
(Month) (Day) (Year)

8. AGE: Years 46 Months 8 Days 11 If less than one day
..... hr. min.

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

10. Usual occupation housework

11. Industry or business at home

MOTHER FATHER { 12. Name unknown 9

13. Birthplace unknown (City, town, or county) (State or foreign country) 9

14. Maiden name unknown

15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Alfred Stevenson

(b) Address 1802 No. Taylor ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/43
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetary

18. (a) Signature of funeral director C.W. Roberts
(b) Address 3035 Lucas ave.

19. (a) MAY 11 1943 (Date received local registration) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th
year 1943 hour 3:30 minute P. 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.....

Coronary Occlusion
Coronary Sclerosis
PH a

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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?

While at work? (Specify type of place) (c) Means of injury.....

23. Signature Alfred Perry (M. D. or other)
Address Date signed 5/11/43

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

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.....

Fulton E. Cullin

Licensed Embalmer No. *4198*

P. O. Address.....

S. Harris Mc

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.