

S. No. 2
OM-542
5-17-39
1 x2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4501A M
16641

State File No. _____
Registrar's No. 4964

FILED JUN 9 1943 318

Registration District No. 25 Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Deaconess Hosp. d
(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 DECEASED:

(a) State Mo. (b) County 000
17

(c) City or town St. Louis 923
(If outside city or town limits, write "RURAL")

(d) Street No. 2611 Armand Pl.
(If rural, give location)

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

3. (a) PRINT FULL NAME William J. Stevenson

3. (b) If veteran, name war no 3. (c) Social Security No. no

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 June 2 1934
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>8</u>	<u>11</u>	<u>25</u>	hr. min.

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

10. Usual occupation at school

11. Industry or business _____

12. Name Earl W. Stevenson

13. Birthplace Newburg Mo. d
(City, town, or county) (State or foreign country)

14. Maiden name Phyllis Allen

15. Birthplace Perry Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Earl W. Stevenson

(b) Address 2611 Armand Pl.

17. (a) Burial (b) Date thereof 5-29-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cem

18. (a) Signature of funeral director Watt Bros. & Co.

(b) Address 2929 S. Jefferson Av.

19. (a) MAY 29 1943 (b) J. J. Bruesch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1943 hour 11 minute 30 a. M.

21. I hereby certify that I attended the deceased from 5-17-43
_____ 19 _____ to 5-27 _____ 19 43
that I last saw him alive on 5-27 _____ 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation of heart. Duration 17 days

Due to Lobar Pneumonia
Pulmonary, Bilateral suppurative

Due to Pericarditic effusions

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. J. Bruesch (M. D. or other) MD.
Address 1800 W. Washington Date signed 5-28-43

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 *Gustav W. Dietrich*

Licensed Embalmer No. *4329*

P. O. Address *29295 Jefferson*

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.