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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20063

State File No. 5852

FILED JUL '8 1948

318

Registration District No. Primary Registration District No. 100

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(b) City or town St. Louis Mo.
(c) Name of hospital or institution: City Hospital No. 1
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Brentwood Missouri
(d) Street No. 2302 Annalee Ave.
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Seymore J. Stevens

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1943 hour 9 minute 00 A.M.

21. I hereby certify that I attended the deceased from 19 to 19

4. Sex M O 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Myrtle Stevens 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased May 18 1900 (Month) (Day) (Year)

8. AGE: Years 43 Months 1 Days 8 If less than one day hr. min.

9. Birthplace Wayne County Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Shipping Clerk

11. Industry or business

MOTHER FATHER { 12. Name Jefferson Stevens 13. Birthplace Illinois 14. Maiden name Mary Jane West 15. Birthplace Indiana

16. (a) Informant Myrtle Stevens

(b) Address 2302 Annalee, Brentwood Mo

17. (a) Burial (b) Date thereof 2 28 43 (Month) (Day) (Year)

(c) Place: burial or cremation Cisne Ill.

18. (a) Signature of funeral director Jay B Smith

(b) Address 7456 Manchester Ave Maplewood Mo.

19. (a) JUN 27 1948 (b) J. P. Bredeh (Registrar's signature)

that I last saw h. alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis, Compensatory Solution following falling on a sidewalk, in which the automobile he was driving was subsided by an automobile being driven by one of his hands on the Express Highway near Taylor Ave about 8:25 PM June 26, 1943

Other conditions (Include pregnancy within 3 months of death) Shock on pro-natural cause

Major findings: Of operations could not be determined

Of autopsy 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) Open Verdict

(b) Date of occurrence 6-26-43

(c) Where did injury occur? St. Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place) While at work? No (e) Means of injury Auto

23. Signature of Physician (M.D. or other) Date signed 6/26/48

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.....

H. Burgess

Licensed Embalmer No.....

4029

P. O. Address.....

Maplewood

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.