

LED JUL 31 1943

Registration District No. 2 Primary Registration District No. 100 Registrar's No. 6562

1. PLACE OF DEATH:

(a) County MO

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

(c) Name of hospital or institution:
at 110 Ferry Str., 1
(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 Eugene

3. (a) PRINT FULL NAME EUGENE STEVENS

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

4. Sex mal 5. Color or race NEBR

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Bessie Stevens 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased May 12 1919
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>24</u>	<u>2</u>	<u>6</u>	_____ hr. _____ min.

9. Birthplace U.S.A.
(City, town, or county) (State or foreign country)

10. Usual occupation labor

11. Industry or business Mississippi Glass Co.

12. Name San Stevens

13. Birthplace WILSON ARK
(City, town, or county) (State or foreign country)

14. Maiden name GIATRUC LEE

15. Birthplace MILLER TENN
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie Stevens

(b) Address 15 10 So 3rd St

17. (a) Burial (b) Date thereof 7 20 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cemetery

18. (a) Signature of funeral director A. J. Burdick

(b) Address 14 00 So 3rd St

19. (a) 1943 20 1943 (b) J. F. Burdick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis

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

(d) Street No. 15 10 So 3rd St
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1943 hour 1:00 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Electrical shock
while lowering a pulley from a
Mono Rail tractor track at the
Mississippi Glass Co., 110 Ferry St.,
About 12:40 o'clock PM, July 18,
1943. ACCIDENT.

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: 193
Of operations _____

Of autopsy 40

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) ACCIDENT

(b) Date of occurrence July 18, 1943

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial place

While at work _____ (Specify type of place)

(c) Means of injury _____

23. Signature Albert J. Burdick (M. D. or other) _____
Address _____ Date signed 7/20/43

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

2011
2011

2011

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 Chas. L. James

Licensed Embalmer No. 2452

P. O. Address 2834 Gamble

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.