S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 40610

Registrar's No. 11867

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Little Sisters of Poor 5
3225 N. Florissant
(Not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 yrs.
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17

(c) City or town St. Louis 9 NP
(If outside city or town limits, write "RURAL")

(d) Street No. 3225 N. Florissant Ave.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Charles Stevenson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M.

5. Color or race W.

6. (a) Single, widowed, married, divorced S. 0

6. (b) Name of husband or wife

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

7. Birth date of deceased April 25th., 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
82	8	4	hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Cosmo A. Stevenson
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Phebe Anne Campbell
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Sister Jeane
(b) Address 3225 N. Florissant Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-3-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) DEC 30 1943 (Date received local registrar) J. F. Breech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29th., year 1943 hour 4 minute 8. M.

21. I hereby certify that I attended the deceased from September 12, 1943, to December 29, 1943, that I last saw him alive on December 28, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions Acute upper respiratory infection 14 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Bernard L. Slotte (M.D. or other)
Address 2302 Salisbury St. Date signed 12-29-43

(Licensed Embalmer's Statement on Reverse Side)

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 William Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.