

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1-day
 (Specify whether _____)
 In this community 37 years
 years, months or days)

3. (a) PRINT FULL NAME Virginia Stevenson

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

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

6. (b) Name of husband or wife George R. Stevenson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 10th., 1882
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>5</u>	<u>25</u>	hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

12. Name William Thomas

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

14. Maiden name Jacksie Chandler

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

16. (a) Informant Mrs. Sallie Rutledge

(b) Address 819 N. 19th., St., E. St. Louis

17. (a) Burial (b) Date thereof 5-8-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindely Blvd.

19. (a) MAY 8 1944 (b) J. J. Buddak
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County D. Co.
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3917 Delmar Blvd.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th
 year 1944 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 4th
 _____, 1944, to May 5th, 1944
 that I last saw her alive on May 5th, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cirrhosis liver with bleeding esophagus varicose

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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 W. J. Wade (M.D. or other) _____
 Address 1515 Lafayette Date signed 5/8/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

JAN 17 1947

STATE OF MISSOURI

DEPARTMENT OF HEALTH

1-10-47

ST. LOUIS

None

None

ROBERT S. R. ...

St. Louis, Mo.

St. Louis

Missouri

St. Louis

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.....

working under my personal supervision.

Registered Apprentice No.

Signed

Stanley Marshall

Licensed Embalmer No. 3568

P. O. Address 3840 Lindell

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.