

No. 2  
8-43  
7-39  
X37823

22585

FILED JUL 1 1944  
Registration District No. 114

Primary Registration District No. 2002

State File No. 2

Registrar's No. 1389

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
Christian Old Folks Home  
6600 Washington Blvd.  
(If rural, give street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community Lifetime 5 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town University City 3  
(If outside city or town limits, write "RURAL") 5

(d) Street No. 6600 Washington Blvd.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_ 10

3. (a) PRINT FULL NAME: Martha Stevenson

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 25 day  
year 1944 hour 3 minute 30 a. M.

21. I hereby certify that I attended the deceased from  
March 4 1936 to June 25 1944  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex Female 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: November 2 1860  
(Month) (Day) (Year)

Immediate cause of death  
Chronic Myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day

83 7 23 hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

12. Name Timothy Stevenson 4

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

14. Maiden name Margaret Lees 4

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

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? \_\_\_\_\_

16. (a) Informant Mrs. Alfred P. Forsythe

(b) Address 7525 Forsythe Blvd.

17. (a) Burial (b) Date thereof June 27, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature Henry E. Westermarck M.D. or other \_\_\_\_\_  
Address 21363 Grand Blvd. Date signed 6-26-44

18. (a) Signature of funeral director Wagoner Mortuary

(b) Address 4161 Lindell Blvd.

19. (a) JUL 28 1944 (b) E. J. Mc Graw, M.D.  
(Date received local registrar) (Registrar's signature)

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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 *Melvin J. Kemper*

Licensed Embalmer No. *4052*

P. O. Address *4005 Lexington*

**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.**