

No. 2
A-2-43
5-17-39
1 X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28659

FILED SEP 15 1944

State File No.

Registration District No. 370

Primary Registration District No. 3058

Registrar's No. 117

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One Day (Specify whether)

In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

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

(d) Street No. 304 N. Kingshighway
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Edna L. Stephens

3. (b) If veteran, name war No

3. (c) Social Security No. 498-33-3780

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12 year 1944 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from Aug 10 1944 to Aug 12 1944
that I last saw her alive on Aug 12 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____

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: September 11 1887
(Month) (Day) (Year)

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

56 11 1 br. min.

9. Birthplace: Haverster Mo (City, town, or county) Mo (State or foreign country)

10. Usual occupation Reporter

11. Industry or business St. Charles Cosmos Monte

12. Name John A. Stephens

13. Birthplace Franklin County, Mo (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Berg

15. Birthplace Meldon Springs, Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jennie Stephens

(b) Address Lafayette, Louisiana

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 15 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem, St. Charles

18. (a) Signature of funeral director J. C. Dallmyer & Sons

(b) Address 301 N. Second, St. Charles, Mo

19. (a) 8/21/44 (Date received local registrar) (b) Harold Parkinson (Registrar's signature)

Due to Acute Glomerular Nephritis

Due to _____

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

Major findings:
Of operations _____

Of autopsy 130

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? _____

While at work? _____ (Specify type of place) _____ (e) Nature of injury _____

23. Signature J. P. Erich Schulz (M.D. or other) _____
Address St. Charles, Mo Date signed 8/15/44

1340

(Licensed Embalmer's Statement on Reverse Side)

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

2
9
3

MAY 31 1945

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 9-14-44

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 John E. Dallmeyer

Licensed Embalmer No. 2951

P. O. Address St Charles Mo

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.