

38881

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 12 1944

Registration District No. 37

Primary Registration District No. 2002

Registrar's No. 2422

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town U. City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6936 Pershing
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis 9th
(c) City or town U. City (If outside city or town limits, write "RURAL")
(d) Street No. 6936 Pershing (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edwin McDonald STEVENS
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 23
year 1944 hour 10 minute 55 P.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marjorie Steves 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased Oct 20 1893
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 25 1944 to Nov 23 1944 that I last saw him alive on Nov 23 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 51 Months 1 Days 3 If less than one day _____ hr. _____ min.

Immediate cause of death Coronary Thrombosis acute Duration Immediate
Due to Coronary Sclerosis 8 mo

9. Birthplace Clayton Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Attorney at Law
11. Industry or business Self

Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER
12. Name Richard Stevens
13. Birthplace St. Louis Co Mo (City, town, or county) (State or foreign country)
14. Maiden name Paula Suter
15. Birthplace Palmyra Mo (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.
22. If death was due to external causes, fill in the following:

16. (a) Informant Mrs Marjorie Steves
(b) Address 6936 Pershing U. City
17. (a) Burial (b) Date thereof 11-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation East Lume Mo

(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? _____

18. (a) Signature of funeral director Lois J. Boyd
(b) Address Turkwood Mo
19. (a) DEC 1 1944 (b) E. J. Malvarant
(Date received final report) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
26. Signature Charles F. Duda (M. D. or other) M.D.
Address 3120 Washington Date signed 11/24/44

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

76
3
5

JAN 17 1945

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 Felix Duand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 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.