U. S. No. 2
OM—8-43
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 26 1945

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10703

Primary Registration District No. 3068

Registrar's No. 700

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

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7156 Lanham Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: Maplewood 17
(If outside city or town limits, write "RURAL")
(d) Street No.: 7156 Lanham Avenue
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: William Parsons Stephenson
3. (b) If veteran, name war ____
3. (c) Social Security No. 494-01-1363A
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mary A. Jordan
6. (c) Age of husband or wife if alive: 68 years
7. Birth date of deceased: Aug. 13, 1872 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	7	2	____ hr. ____ min.

9. Birthplace: Flint Hill, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Retired Asst. Superintendent
11. Industry or business: Liggett & Myers Tobacco Co.
FATHER 12. Name: John Knox Pope Stephenson
13. Birthplace: Pittsburg, Pa. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Dora A. Parson
15. Birthplace: St. Charles Co., Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: Mary A. Stephenson,
(b) Address: 7156 Lanham Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/17/45 (Month) (Day) (Year)
(c) Place: burial or cremation: Valhalla Cemetery
18. (a) Signature of funeral director: Robert J. Ambruster
(b) Address: Clayton Rd. at Concordia Lane
19. (a) MAR 19 1945 (Date received by local registrar) (b) E. G. McCauran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 year 1945 hour 1 minute 35 A.M.
21. I hereby certify that I attended the deceased from ____, 19__, to 3/15/45, 19__; that I last saw him alive on March, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic pneumonia	1 wk.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Carcinoma of prostate	6 yrs

Major findings:
Of operations ____
Of autopsy: No autopsy

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 ____
Signature: J. H. Hale (M. D. or Coroner)
Address: 1903 Delmar Blvd. Date signed: 3/15/45

(Licensed Embalmer's Statement on Reverse Side)

JUN 26 1956

APR 2 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 .....

Licensed Embalmer No. 1994

P. O. Address .....

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.