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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 6 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

14435

State File No. 0

Registration District No. 3/7

Primary Registration District No. 6076

Registrar's No. 937

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Robert Koch Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 days (Specify whether
In this community 6 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4591 Cote Brilliante 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME ELISE MARIE STEPHENS

3. (b) If veteran, name war

3. (c) Social Security No. 493-24-5214

4. Sex female 3

5. Color or race negro

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife McKinley Stephens

6. (c) Age of husband or wife if alive ?20 years

7. Birth date of deceased July (Month) 16 (Day) 1925 (Year)

8. AGE: Years 20 | Months 9 | Days 7 | If less than one day ___ hr. ___ min.

9. Birthplace Little Rock (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Malachi Piggee
13. Birthplace (City, town, or county) Arkansas (State or foreign country)

MOTHER
14. Maiden name Mattie Alexander
15. Birthplace (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant Hospital Records

(b) Address Koch Hospital, Koch, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-46 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director E. B. Koanel

(b) Address 1221 N. Grand Blvd.

19. (a) 4-27-46 (Date received local registrar) (b) E. G. McGovern (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 23
year 1946 hour 12 minute 00 P.M.

21. I hereby certify that I attended the deceased from 4-22- 1946 to 4-23 1946
that I last saw her alive on 4-23 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	2yrs.?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

13b

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 0

23. Signature B. Friedman (M. D. or other) MD
Address Robt. Koch Hospital Date signed 4-24-46

(Licensed Embalmer's Statement on Reverse Side)

AUG 2 1949

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 Theodore L Yandell

Licensed Embalmer No. 4243

P. O. Address 927 N. Elm Av Webster Groves 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.