

FILED JUL 26 1946

Registration District No. **1003** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St. Louis, Mo.**

(b) City or town **St. Louis, Mo.**

(c) Name of hospital or institution: **St. Louis City Hospital**
Max C. Starkloff Memorial

(d) Length of stay: In hospital or institution **0** (Specify whether years, months or days)

In this community **0** years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. **2324a Mc Nair Av.** (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **SARAH STEVENS**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **October 28 1872**
(Month) (Day) (Year)

8. AGE: Years **73** Months **8** Days **23** If less than one day hr. _____ min. _____

9. Birthplace **Ohio** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Ben Walton**

{ 13. Birthplace **Ohio** (City, town, or county) (State or foreign country)

{ 14. Maiden name **Unknown**

{ 15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Della Stroup**

(b) Address **2906 s Jefferson Av.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **7/24/46** (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cemetery**

18. (a) Signature of funeral director **J. F. Brasek**

(b) Address **1926 Allen Av.**

19. (a) **JUL 27 1946** (Date received local registrar) (b) **J. F. Brasek** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **21** year **1946** hour **2:55** minute **P** M.

21. I hereby certify that I attended the deceased from **July 17** 19 **46** to **July 21** 19 **46**

that I last saw her alive on **July 21** 19 **46** and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia**
left vs

Duration **2 days**

Due to **1/28**

Due to _____

Other conditions **Chronic pancreatitis - wk**
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: **not performed**

Of operations _____

Of autopsy **Chronic pancreatitis**
pneumonia - left

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) Means of injury _____

23. Signature **M. H. H. H.** (M. D. or other) **7/22/46**

Address **1515 Lafayette Avenue** Date signed _____

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Benny C. Duncan
Licensed Embalmer No. 2272
P. O. Address 1926 Allen

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.