

No. 2
-1/47
5-17-39

19402

FEDERAL BUREAU OF INVESTIGATION

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

National Office of Vital Statistics
FILED MAY 22 1947

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4855**

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 days**
(Specify whether years, months or days)

In this community **30 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **How**

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

(d) Street No. **3053 Brantner Pl**
21 (If rural, give location)

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

3. (a) PRINT FULL NAME **Elnora Stevenson**

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **10**
year **1947** hour **7** minute **15 P.M.**

21. I hereby certify that I attended the deceased from **5-6-** 19**47** to **5-10** 19**47**
that I last saw her alive on **May 10** 19**47**
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **Colored**

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 **Feb 9 1888**
(Month) (Day) (Year)

Immediate cause of death **Hypertensive Heart Disease with Decompensation**
Duration **2 years**
History--

Due to.....

Other conditions **None**
(Include pregnancy within 3 months of death)

8. AGE: Years **59** Months **5** Days **1**
If less than one day hr. min.

9. Birthplace **Ruford County Tenn**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

MOTHER FATHER

11. Industry or business.....

12. Name **Albert Reedy**

13. Birthplace **Ruford County Tenn**
(City, town, or county) (State or foreign country)

14. Maiden name **Carrie McHenry**

15. Birthplace **Ruford County Tenn**
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings:
Of operations.....

Of autopsy: **No**

Underline the cause of which death should be charged statistically.

16. (a) Informant **John Reedy**
(b) Address **3053 Brantner Pl**

17. (a) **Burial** (b) Date thereof **5-16-47**
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Wood**

18. (a) Signature of funeral director **Porter Funeral**
(b) Address **3028 Jackson Home**

19. (a) **MAY 14 1947** (b) **J. F. Bredek**
(Date received local registrar) (Registrar's signature)

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?..... (c) Means of injury.....

23. Signatur **Edw B Williams** (M. D. or other)
Address **2601 N Whittier** Date signed **5/13/47**

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

A

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..... *W. Claude Gordon*.....

Licensed Embalmer No. *3489*.....

P. O. Address..... *4575 Aldine*.....

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.