

FILED JUL 21 1947  
318

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 6675

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Barnes Hospital, 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 42 days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME FRANK STEVENSON

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex M 5. Color or race Negro  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Minnie Stevenson  
6. (c) Age of husband or wife if alive 41 years  
7. Birth date of deceased December 6 1908  
(Month) (Day) (Year)

8. AGE: Years 38 Months 7 Days 6  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

12. Name Henry Stevenson

13. Birthplace Mississippi  
(City, town, or county) (State or foreign country)

14. Maiden name Millie Leatherwood

15. Birthplace Texas  
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Stevenson

(b) Address Portageville, Mo.

17. (a) Burial (b) Date thereof 7-14-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) III 15 (b) J. F. Bradley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid  
(c) City or town Portageville  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.R. #1  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12  
year 1947 hour 6 minute 10 P.M.

21. I hereby certify that I attended the deceased from May 31, 1947, to July 12, 1947;  
that I last saw him alive on July 12, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular hemorrhage  
Due to Chronic lymphatic leukemia

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations \_\_\_\_\_  
Of autopsy None

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 Yes (Specify type of work) \_\_\_\_\_  
(Specify type of injury) \_\_\_\_\_

23. Signature W. B. Bradley, Jr. (M. D. or \_\_\_\_\_)  
Address Barnes Hospital, Date signed 7/12/47

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

40  
17  
9

MOTHER FATHER

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

AUG 6 1947

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**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.....

*John J. Kenney*

Licensed Embalmer No. *4194*

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.**