

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

Registration District No. 318

Primary Registration District No. 1005

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:  
City Hospital #1, Max C. Starkloff Mem.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 hours  
(Specify whether years, months or days)  
 In this community 10 years

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. 2814 Marcus Avenue  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

ANDREW STEPHENS

3. (b) If veteran, name war

Nil

3. (c) Social Security No.

No. \_\_\_\_\_

4. Sex

M

5. Color or race

W

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

M

6. (b) Name of husband or wife

Minnie

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

\_\_\_\_\_ years

7. Birth date of deceased

June 29, 1884

(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

63

6

25

hr. min.

9. Birthplace

Marquand, Missouri

(City, town, or county)

(State or foreign country)

10. Usual occupation

Laborer

11. Industry or business

Lincoln Engineering Co.

Fate Stephens

12. Name

Fate Stephens

13. Birthplace

Missouri

(City, town, or county)

(State or foreign country)

14. Maiden name

Mary Pope

15. Birthplace

Missouri

(City, town, or county)

(State or foreign country)

16. (a) Informant

Minnie Stephens

(b) Address

2814 Marcus Avenue

17. (a)

burial

(b) Date thereof

1-27-48

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Marquand, Missouri

18. (a) Signature of funeral director

A.W. McLaughlin

(b) Address

2301 Lafayette Avenue

19. (a)

JAN 25 1948

(Date received local registrar)

(b)

J. F. Bruneau

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month January day 24th  
 year 1948 hour \_\_\_\_\_ minute 08 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Gyrus

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of 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? \_\_\_\_\_

While at work? \_\_\_\_\_

(Specify type of place)

(c) Means of injury

23. Signature

Patrick J. Taylor (Dr. or other)  
Deputy Coroner 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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *L. R. Cooper*.....  
Licensed Embalmer No. *3639*.....  
P. O. Address..... *731 Lafayette Ave*.....

**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.**