

FILED MAR 15 1948

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Miss Julia L. Stevens
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced S.
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 4 1891
(Month) (Day) (Year)

8. AGE: Years 56 Months 3 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Church Worker

11. Industry or business Presbyterian Church of U. S.

MOTHER FATHER

12. Name John C. Stevens

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

14. Maiden name Annie Allen

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

16. (a) Informant M.C. W. Borkle

(b) Address 5300 Delmar

17. (a) removal (b) Date thereof 3-10-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Brownsville, Tenn.

18. (a) Signature of funeral director: Alexander S. ...
(b) Address 6175 Delmar

19. (a) MAR 9 1948 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5848 Cabany
5 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8 year 1948 hour 9 minute 0 P. M.

21. I hereby certify that I attended the deceased from March 1st 1947 to March 8 1948
that I last saw her alive on March 5 1948
and that death occurred on the date and hour stated above.

Immediate cause of death General Carcinomatosis of abdominal organs & Primary Carcinoma of Stomach
Due to _____
Due to _____

Duration

6 mos
1 year

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____

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? 11

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Louise R. Rittner (M. D. or other) MD
Address 5283 W. ... Date signed 3-8-48

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 Gas. E. McVullo
Licensed Embalmer No. 24600
P. O. Address 6170 Pelma

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.