S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 8 1948

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 7446

Registration District No. 397 | Primary Registration District No. 6076 | Registrar's No. 517

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Jefferson Barracks, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 month 12 Days (Specify whether years, months or days)
In this community: 1 month 12 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Chariton
(c) City or town: Brunswick (If outside city or town limits, write "RURAL")
(d) Street No.: ~~501 Monroe~~ (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: STEPHENS, Norman A.
3. (b) If veteran, name war: WW-1
3. (c) Social Security No.: 500241628

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: -
6. (c) Age of husband or wife if alive: - years
7. Birth date of deceased: November (Month) 14 (Day) 1891 (Year)

8. AGE: Years 56 | Months 3 | Days 5 | If less than one day ... hr. ... min.

9. Birthplace: Brunswick, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Electrician
11. Industry or business:
MOTHER FATHER
12. Name: William Stephens
13. Birthplace: - (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Lucinda Parker
15. Birthplace: - (City, town, or county) Michigan (State or foreign country)
16. (a) Informant: Registrar
(b) Address: VAH Jefferson Barracks, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Feb. 20-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Brunswick, Missouri.
18. (a) Signature of funeral director: C. Hoffmeister U.&L. Co.
(b) Address: 7814 S. Broadway
19. (a) 2-20-48 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19 year 1948 hour 1:05 minute P.M.
21. I hereby certify that I attended the deceased from January 7, 1948, to February 19, 1948, that I last saw him alive on February 19, 1948, and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: SYPHILITIC AORTITIS | Unk. |
| AORTIC INSUFFICIENCY | |
| Due to: | |
| Due to: | |
| Other conditions (include pregnancy within 3 months of death): | |

Major findings:
Of operations:
Of autopsy: Autopsy performed
(See cause of death)

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): None
(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? (e) Means of injury:
23. Signature: J. E. Stilwell (M. D.)
Address: Jefferson Barracks, Mo. Date signed 2/20/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

## 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 Louis C. Hoffmann

Licensed Embalmer No. 3821

P. O. Address 7814 S. Broadway

**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.**