

FILED JUN 28 1948

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5592**

1. PLACE OF DEATH: 1
 (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: Enroute City Hospital
-2210-S-7th-St-
 (If not in hospital or institution, write street number or location) 2
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Mad
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL") 17
 (d) Street No. 2210 S. 7th St.
 (If rural, give location) 23
 (e) Citizen of foreign country? _____ (Yes or No) _____
 If yes, name country _____

3: (a) PRINT FULL NAME Henry F. Stevens

3. (b) If veteran, name war: -- 3. (c) Social Security No. 499-01-2663

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Eleanor 6. (c) Age of husband or wife if alive 34 years
 7. Birth date of deceased Oct. 6 1904
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 8 13 hr. min.

9. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Decorator

11. Industry or business _____

MOTHER FATHER { 12. Name William Stevens

13. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name Emma Stark

15. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Eleanor Stevens

(b) Address 2210 S. 7th St.

17. (a) Burial (b) Date thereof 6/22/48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Wacker-Welderle

(b) Address 3634 Gravois Ave.

19. (a) JUN 21 1948 (b) J. F. Bradaek
 (Date received) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
 year 1948 hour 7 minute 40 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury 3

23. Signature Frederick J. Taylor (M.D. or other) _____

Address Deputy Coroner Date signed 6/22/48

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

WRITE PRINTED

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 Robert Wheeler

Licensed Embalmer No. 2178

P. O. Address St Louis Mo

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.