

FILED FEB 7 1946
318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County ST. LOUIS - MO
(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:
MO. BAPTIST HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution DEC 26-45 TO JAN 29-46
MO. BAPTIST HOSPITAL ENTIRE (Specify whether
In this community TIME
years, months or days)

3. (a) PRINT FULL NAME NEVADA JAMES STEVENSON

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single widowed, married, divorced
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased DEC 22 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 1 7 hr. min.

9. Birthplace HIGH POINT - MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business

12. Name ALLAN JAMES
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name ELLEN HARDIN
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant L.C. STEVENSON
(b) Address 311 So. Elm - WEBSTER GROVES - MO

17. (a) Removal by (b) Date thereof 1-29-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation California MO

18. (a) Signature of funeral director Alexander
(b) Address 6175 - Dr. Mar.

19. (a) JAN 29 1946 J. J. Beredach
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONITEAU
(c) City or town CALIFORNIA
(If outside city or town limits, write "RURAL")
(d) Street No. 313 EAST HOWARD
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29 year 1946 hour 9 minute 25 A. M.

21. I hereby certify that I attended the deceased from December 26, 1945 to January 29, 1946
that I last saw him alive on January 28, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral haemorrhage
Due to Generalized arteriosclerosis

Other conditions Chronic nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1/21
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) (e) Means of injury
23. Signature Richard Graessle (M. D. or other)
Address 968 Arcade Bldg. Date signed 1-29-46

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 J. S. E. McCulloh
Licensed Embalmer No. 2460
P. O. Address 6175 Delmar

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.