

No. 300  
10. 48

FILED APR 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14204

State File No. 3386  
Registrar's No. \_\_\_\_\_

BIRTH NO. #82985 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.		d. STREET ADDRESS (If rural, give location) 2915 NEBRASKA	
3. NAME OF DECEASED (Type or Print) a. (First) EVELYN		b. (Middle) STEVENS	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) April 14th, 1949	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED SINGLE	8. DATE OF BIRTH AUG. 23, 1867
9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Days 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (State or foreign country) MO
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME EDWARD STEVENS		13b. MOTHER'S MAIDEN NAME MARY JENNINGS	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 92d DUE TO (c) 4300 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2/21/49, 19 to 4/14/49, 19, that I last saw the deceased alive on 4/14/49, 19, and that death occurred at 2:30 a.m., from the causes and on the date stated above.			
23a. SIGNATURE John W. Korhela (Degree or title)		23b. ADDRESS	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE APRIL 16, 1949	
24c. NAME OF CEMETERY OR CREMATORY BELLEFONTAINE CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO	
DATE REC'D BY LOCAL REG. APR 15 1949		REGISTRAR'S SIGNATURE J. B. Sauter	
25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis		ADDRESS 2906 Marois	

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**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Leop. Budde

Licensed Embalmer No. 3989

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.