S. No. 300
v. 10.48

Stevenson

FILED SEP 6 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

28937

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 1317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1957

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**1. PLACE OF DEATH**
a. COUNTY: VST LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): VINITA PARK
c. LENGTH OF STAY (in this place): 1
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 8135 Monroe Ave.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): VINITA PARK
d. STREET ADDRESS (If rural, give location): 8135 Monroe Ave

**3. NAME OF DECEASED** (Type or Print): a. (First) WALTER b. (Middle) R c. (Last) STEVENSON

**4. DATE OF DEATH** (Month) Aug (Day) 13 (Year) 1949

**5. SEX**: male
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): married
**8. DATE OF BIRTH**: 3 April 1902
**9. AGE** (In years last birthday): 47 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Buyer - FAMOUS BARR CO
**10b. KIND OF BUSINESS OR INDUSTRY**: _____
**11. BIRTHPLACE** (State or foreign country): St Louis, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Michael Stevenson
**13b. MOTHER'S MAIDEN NAME**: Nellie Mc Cool
**14. NAME OF HUSBAND OR WIFE**: Helena Stevenson

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): yes (If yes, give war or dates of service): WW I
**16. SOCIAL SECURITY NO.**:
**17. INFORMANT'S SIGNATURE OR NAME**: Helena Stevenson — ADDRESS: 8135 Monroe

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Acute

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* _____ 4201

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**: _____
**20. AUTOPSY?** YES ☐ NO ☑

**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)** St. Louis (COUNTY) (STATE) Mo.
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) _____ m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: _____

22. *I hereby certify that I attended the deceased from* June, 1941, *to* August 13, 1949, *that I last saw the deceased alive on* August 13 1949, *and that death occurred at* 5:16 a.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): J. W. Hendrickson MD
**23b. ADDRESS**: 4500 Olive St.
**23c. DATE SIGNED**: 8-15-49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): burial
**24b. DATE**: 15 Aug 1949
**24c. NAME OF CEMETERY OR CREMATORY**: Oak Grove Cemetery
**24d. LOCATION** (City, town, or county) (State): St Louis County, Mo.

**DATE REC'D BY LOCAL REG.**: 8-15-49
**REGISTRAR'S SIGNATURE**: Herbert R. Hawke / dm
**25. FUNERAL DIRECTOR'S SIGNATURE**: C R LUPTON & SONS — ADDRESS: 7233 DELMAR BLVD

(Licensed Embalmer's Statement on Reverse Side)

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

V-27

4500 Olive St.,
FO 3800.
Hrs:

AUG 27 1951

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 Clarence H. Murray

Licensed Embalmer No. 4011

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.