

FILED OCT 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35612

State File No. ....

9070

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>9070</b>					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <b>St. Louis</b> )		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>206 W. Steins St.</b>				d. STREET ADDRESS (If rural, give location) <b>206 W. Steins St.</b>							
3. NAME OF DECEASED a. (First) <b>John</b>			b. (Middle) <b>V.</b>		c. (Last) <b>Stephens</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>October 20, 1949</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>May 28, 1889</b>		9. AGE (In years last birthday) <b>60</b>			
						IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 18 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Watchman</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Mo. Pacific Lines</b>			11. BIRTHPLACE (State or foreign country) <b>New Albany Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>			
13a. FATHER'S NAME <b>John Stephens</b>			13b. MOTHER'S MAIDEN NAME <b>Louise Von</b>			14. NAME OF HUSBAND OR WIFE <b>Rachel Stephens</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>			17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Rachel Stephens</b>			ADDRESS <b>206 W. Steins St.</b>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>				ANTECEDENT CAUSES					<b>5 min.</b>		
				DUE TO (b) <b>Myocarditis</b>					<b>1 mo</b>		
				DUE TO (c) <b>Secondary Hypertension</b>					<b>2 yrs.</b>		
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>					<b>4201</b>		
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY?			YES <input type="checkbox"/> NO <input 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) <b>10-2</b>		(STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <b>Jan 8, 1946</b> , to <b>Oct 19, 1949</b> , that I last saw the deceased alive on <b>Oct 19, 1949</b> , and that death occurred at <b>2 p.m.</b> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <b>Mitchell A. Bartmick M.D.</b>				23b. ADDRESS <b>St. Louis 14, Mo. 7629 So. Broadway</b>				23c. DATE SIGNED <b>10/20/49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 24, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lutesville, Mo.</b>		24d. LOCATION (City, town, or county) (State) <b>Lutesville, Mo.</b>					
DATE REC'D BY LOCAL REG. <b>OCT 21 1949</b>		REGISTRAR'S SIGNATURE <b>J. Basseter</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>U. Hoffmeister U. &amp; L. Co.</b>			ADDRESS <b>7814 S. Broadway St. Louis, Missouri.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

APR 14 1950

*J*

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

*Harry J. Spurnaska*

Licensed Embalmer No. *2679*

P.O. Address *7879 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.