

FILED JAN 16 1950

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

3062

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>26</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) 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. STREET ADDRESS (If rural, give location) <b>3225 N. FLORISSANT AV</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>LITTLE SISTERS P.O.R. N. FLORISSANT 20</b>				d. STREET ADDRESS (If rural, give location) <b>3225 N. FLORISSANT AV</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b> b. (Middle) <b>STEVENS</b> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <b>JAN - 2 - 1950</b>				
5. SEX <b>M. O</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W I</b>	8. DATE OF BIRTH <b>SEPT-30-1869</b>	9. AGE (In years last birthday) <b>80 YRS</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NIL</b>	11. BIRTHPLACE (State or foreign country) <b>ST. LOUIS MO. O</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NIL</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>ST. LOUIS MO. O</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>BERNARD STEVENS</b>		13b. MOTHER'S MAIDEN NAME <b>WILLIAMINA REPAUL</b>		14. NAME OF HUSBAND OR WIFE <b>ANNAT. HEIL STEVENS</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Anthony Stevens Manchester Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ch. Myocarditis; Senility</b>  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. <b>None</b>				INTERVAL BETWEEN ONSET AND DEATH <b>???</b>	
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>93</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>None</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Hit</b>			
22. I hereby certify that I attended the deceased from <b>Dec 12, 1949</b> , to <b>Jan 2, 1950</b> , that I last saw the deceased alive on <b>Dec 30, 1949</b> , and that death occurred at <b>8 A. M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Edward J. Schur</b>				23b. ADDRESS <b>2435 N. Grand Blvd</b>		23c. DATE SIGNED <b>1-3-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JAN-4-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION-CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO.</b>		
DATE REC'D BY LOCAL REG. <b>JAN 4 1950</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>E. J. Schur 3125 Lafayette Ave</b>			

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

**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.....

*Joe B. Vollmer*

Licensed Embalmer No. *4814*

P. O. Address *3125 Lafayette*

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.