S. No. 300
v. 10.48

FILED MAY 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15464

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1166

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pine Lawn
c. LENGTH OF STAY (in this place): 4 mons
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shamrock Home

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 4270
d. STREET ADDRESS (If rural, give location): 8008-Washington Avenue 0

3. NAME OF DECEASED (Type or Print): a. (First) Emmett b. (Middle) Elmo c. (Last) Stephens
4. DATE OF DEATH (Month) (Day) (Year): May 5 1950
5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 11, 1872
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 5, Days; IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher
10b. KIND OF BUSINESS OR INDUSTRY: Normandy Schools
11. BIRTHPLACE (State or foreign country): Chesterfield, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: James Stephens
13b. MOTHER'S MAIDEN NAME: Alvira DeFoe
14. NAME OF HUSBAND OR WIFE: Sarah Stephens
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Sarah Stephens ADDRESS: 8008-Washington St. Louis-14

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 da

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral Hemorrhage — 5 da
DUE TO (c) Hypertensive heart disease — 18 mo.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Chronic Bronchitis — 10 yrs.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: 331X
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
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): None m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 443X

22. *I hereby certify that I attended the deceased from* ____, 1935, *to* 4 May, 1950, *that I last saw the deceased alive on* 4 May, 1950, *and that death occurred at* 4 30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul R. Whitener (Degree or title) M.D.
23b. ADDRESS: 8923 Midland St. Louis (14) Mo.
23c. DATE SIGNED: 5 May 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-8-1950
24c. NAME OF CEMETERY OR CREMATORY: Fee Fee Cemetery
24d. LOCATION (City, town, or county) (State): Pattonville, Mo.

DATE REC'D BY LOCAL REGISTRAR: MAY 6 1950
REGISTRAR'S SIGNATURE: Herbert K. Stonke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Saunders Funeral Home ADDRESS: 2504-Woodson Rd-Overland-14-Mo.
(Licensed Embalmer's Statement on Reverse Side)

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

4000 4

Wm. Whitener

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 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.