

FILED MAY 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 18690
1373
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILL</u> b. COUNTY <u>ST CLAIR</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>ST LOUIS</u>		c. LENGTH OF STAY (in this place) <u>14 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>EAST ST LOUIS</u>		<u>8120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST JOHNS</u>				d. STREET ADDRESS (If rural, give location) <u>5306 EAST GATE AVE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CARL</u>		b. (Middle)		c. (Last) <u>STEVENS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 14 1950</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>CHILD</u>		8. DATE OF BIRTH <u>FEB 21 1943</u>	
9. AGE (In years last birthday) <u>7</u>		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)		10b. KIND OF BUSINESS OR INDUSTRY <u>SCHOOL BOY</u>		11. BIRTHPLACE (State or foreign country) <u>EAST ST LOUIS ILL /</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>CARL STEVENS</u>			13b. MOTHER'S MAIDEN NAME <u>IVAENE YORK</u>			14. NAME OF HUSBAND OR WIFE <u>CHILD</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>C. K. Stevens - 5306 - Eastgate</u>			
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) <u>Malnutrition, Respiratory Infection</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Palsy</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Anemia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>since birth</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no birth injury ascertained (supp report)</u>					
20. AUTOPSY? YES <input checked="" 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) <u>3511</u> (STATE) <u>ILL</u>	
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 <u>May 1, 1950</u> , to <u>May 14, 1950</u> , that I last saw the deceased alive on <u>May 14, 1950</u> , and that death occurred at <u>6:50 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>P. J. Mariani</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>No Theatre Bldg St Louis</u>		23c. DATE SIGNED <u>May 16 50</u>	
24a. BURIAL, CREMATION, REMOVAL		24b. DATE <u>MAY 16 1950</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>EAST ST LOUIS ILL</u>	
DATE REC'D BY LOCAL REG. <u>MAY 16 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Jasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry Robins</u>		ADDRESS <u>417 N 8 ST</u>	
						ROBINS FUNERAL HOME	

(Licensed Embalmer's Statement on Reverse Side)

E. ST LOUIS ILL

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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Ben H. Baldwin

Licensed Embalmer No. 2470

P. O. Address C. Harris Rd

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.