

FILED FEB 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 773

BIRTH NO.		REG. DIST. NO. 111		PRIMARY REG. DIST. NO. 5426		Registrar's No. 5			
1. PLACE OF DEATH a. COUNTY FRANKLIN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BOLES		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2199			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 5279 1/2 Vandeventer					
3. NAME OF DECEASED (Type or Print) JERRY			a. (First)		b. (Middle) LEE		c. (Last) STEVENS		
4. DATE OF DEATH		(Month) JAN		(Day) 27		(Year) 1951			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) single		8. DATE OF BIRTH May 28th 1932		9. AGE (In years last birthday) 18	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder		10b. KIND OF BUSINESS OR INDUSTRY Restaurant		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME John Stevens			13b. MOTHER'S MAIDEN NAME LILLIE EDWARDS			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, or unknown)		16. SOCIAL SECURITY NO. 500-30-4660		17. INFORMANT'S SIGNATURE OR NAME John Stevens St. Louis Mo				ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) FRACTURE NECK AND SKULL				DUE TO (b) AND FRACTURE LEFT LEG				48 HRS	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				DUE TO (c) AUTO ACCIDENT ON HIGHWAY				106 HRS	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1 MILE EAST OF DIAMONDS									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 036						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) BOLES FRANKLIN MO.					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) JAN 27 1951		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 1 MILE EAST OF DIAMONDS AT 7:45 P.M.					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:45 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE Thos. P. A. Hoffman				23b. ADDRESS 3 Sullivan		23c. DATE SIGNED MOS 1/27/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-30-51		24c. NAME OF CEMETERY OR CREMATORY VALHALLA		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO			
DATE REC'D BY LOCAL REG. Jan. 29-51		REGISTRAR'S SIGNATURE Mary B. Gross		25. FUNERAL DIRECTOR'S SIGNATURE E. F. Ottmann		ADDRESS Union, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

360
3

File No. _____
DISTRICT HEALTH OFFICE No. 4

FEB - 5 1951

RECEIVED

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Ralph Ottensmire

Licensed Embalmer No. 4808

P. O. Address Union, 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.