

FILED JAN. 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3036  
282  
Registrar's No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		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 St. Louis	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2523 Belleglade Avenue		d. STREET ADDRESS (If rural, give location) 2523 Belleglade Avenue	

3. NAME OF DECEASED (Type or Print) Oliver Stevenson			4. DATE OF DEATH (Month) (Day) (Year) January 7 1951		
a. (First)		b. (Middle)	c. (Last)		

5. SEX Male 2	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 19, - 1900	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR: Months Days	IF UNDER 4 HRS. (Hours) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Carrie Hughes	14. NAME OF HUSBAND OR WIFE Olivia Stevenson	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. 9-1-18 to 12-12-18 489-16-498	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Olivia Stevenson 2523 Belleglade	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) High blood pressure & Endocarditis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephritis, Diabetes DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH ?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 592X
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22. I hereby certify that I attended the deceased from 12/30, 1950, to 1/7, 1951, that I last saw the deceased alive on 1/7, 1951, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE M. D. Dickson	(Degree or title)	23b. ADDRESS 2330 Franklin	23c. DATE SIGNED 1/10/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 1)	24b. DATE Jan 13-51	24c. NAME OF CEMETERY OR CREMATORY Father Dickson Cemetery	24d. LOCATION (City, town, or county) (State) Kirkwood, Missouri
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DATE REC'D BY LOCAL REG. JAN 11 1951	REGISTRAR'S SIGNATURE J. B. Pasater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. B. Roane 1221 N. Grand
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 2 1951

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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 \_\_\_\_\_

*Leaffie E. Cooper*  
Licensed Embalmer No. *4600*

Signed .....

Student Embalmer

P. O. Address .....

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.