

FILED MAR 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10672

318

2452

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2452	
1. PLACE OF DEATH 4518 Clarence Ave. a. COUNTY St. Louis - Mo.				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		2099	
d. FULL NAME OF HOSPITAL OR INSTITUTION				9. STREET ADDRESS (If rural, give location) 4518 Clarence Ave. St. Louis.			
3. NAME OF DECEASED (Type or Print)		a. (First) William L.		b. (Middle) Stephens		c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) 14/51		5. SEX 0 male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower 2	
8. DATE OF BIRTH Apr. 9, 1882		9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Moulder		11. BIRTHPLACE (State or foreign country) Bunker Hill, Ill. / U.S.A.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME George Stephens		13b. MOTHER'S MAIDEN NAME Mary Dwyer		14. NAME OF HUSBAND OR WIFE deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 488-09-7020		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Stephens 4518 Clarence			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC SILICOSIS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 4 YRS	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) (STATE)			
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? 523.0			
22. I hereby certify that I attended the deceased from JAN. 10, 1946, to MAR. 14, 1951, that I last saw the deceased alive on 14, 1951, and that death occurred at 7 Am., from the causes and on the date stated above.							
23a. SIGNATURE Francis W. Medler M.D. 0 (Degree or title)				23b. ADDRESS 4114 W. Florissant		23c. DATE SIGNED 3-15-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial 0		24b. DATE 3/17/51		24c. NAME OF CEMETERY OR CREMATORY Calvary cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. MAR 15 1951		REGISTRAR'S SIGNATURE J. B. Koster		25. FUNERAL DIRECTOR'S SIGNATURE Sullivan Fun. Dir. 2849 N. Euclid			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. H. J. Madler

JUN 28 1951

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 _____

Signed.....
Student Embalmer

Licensed Embalmer No. 3553

P. O. Address St. Louis 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.