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FILED NOV 2 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 35644

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 91177

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LUKES HOSPITAL

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS 2129
d. STREET ADDRESS (If rural, give location): 5501 WATERMAN AVE. 12 0'

**3. NAME OF DECEASED** (Type or Print)
a. (First): LOUISE
b. (Middle): B.
c. (Last): STEPHENSON.

**4. DATE OF DEATH** (Month) (Day) (Year): OCT. 16, 1951

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: Nov. 19, ~~1875~~ 1875
**9. AGE** (In years last birthday): 75 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): at home
**10b. KIND OF BUSINESS OR INDUSTRY**
**11. BIRTHPLACE** (State or foreign country): Mt. Vernon, Illinois
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Herman Otto Deichmann.
**13b. MOTHER'S MAIDEN NAME**: Mary Sanders.
**14. NAME OF HUSBAND OR WIFE**: Walter T. Stephenson.

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): NO (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME — ADDRESS**: Cuthbert D. Stephenson; Ft. Worth, Texas

**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) Adeno Carcinoma, Rectum — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Generalized Carcinoma

**19a. DATE OF OPERATION**: 9/19/51
**19b. MAJOR FINDINGS OF OPERATION**: Same
**20. AUTOPSY?** YES ☐ NO ☒

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?** 15HX

22. I hereby certify that I attended the deceased from 9/4, 1951, to 10/16, 1951, that I last saw the deceased alive on 10/16, 1951, and that death occurred at 9:30P m., from the causes and on the date stated above.

**23a. SIGNATURE**: G. L. Krause (Degree or title)
**23b. ADDRESS**: 3720 Washington Blvd.
**23c. DATE SIGNED**: 10/17/51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Entombment
**24b. DATE**: 10-18-1951
**24c. NAME OF CEMETERY OR CREMATORY**: Oak Grove Mausoleum
**24d. LOCATION** (City, town, or county) (State): St. Louis Co., Mo.

DATE FILED BY LOCAL REG. OCT 17 1951
REGISTRAR'S SIGNATURE: J. Earl Smith
**25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS**: C.R. Lupton & Sons; 7233 Delmar Blvd.,

(Licensed Embalmer's Statement on Reverse Side)

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 .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. 35644
Local Registrar's No. 9177

## AFFIDAVIT FOR CORRECTION OF A RECORD

On this 31 day of January, 1952, before me appears Wm. C. Ham, who, upon his oath, states that the original record of ~~birth~~ death for Louise B Stephenson, died ~~born~~ October 16, 1951, in the State of Missouri, and which was filed at St. Louis on 10-17-, 1952, should be corrected as follows:

Item No. 8 should read November 19, 1875

Instead of November 19, 1975

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Wm. C. Ham

Funeral Director
Relationship.

7233 Delmar Blvd
Present Address.

Subscribed and sworn to before me this 8 day of Feb., 1952

My Commission expires 3-4-53

Ella C. Fadlock
Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

7280

V. S. 135
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