

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39777

Registrar's No. 10856

No. 300
10.48

FILED DEC 15 1951

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 <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Incarnate Word Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>3331 Park Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Paul</u> b. (Middle) <u>L.</u> c. (Last) <u>Stephens</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 6, 1951</u>		
5. SEX <u>M. O</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 10, 1901</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Attorney</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo. 1)</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Frank J. Stephens</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Radigan</u>		14. NAME OF HUSBAND OR WIFE <u>Hilda Stephens</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Hilda Stephens 3331 Park Ave.</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		INTERVAL BETWEEN ONSET AND DEATH <u>ONE WEEK</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>CORONARY SCLEROSIS</u> <u>1 YEAR</u> DUE TO (c) <u>DIABETES MELLITUS</u> <u>4 YEARS</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>EMPHYEMA, RIGHT CHEST</u>		<u>TWO WEEKS</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21h. HOW DID INJURY OCCUR? <u>2ndX</u>

22. I hereby certify that I attended the deceased from Nov. 27, 1951, to Dec. 6, 1951, that I last saw the deceased alive on Dec. 6, 1951, and that death occurred at 3:45P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert G. Hall</u>	23b. ADDRESS <u>M.D. 3902 LAFAYETTE ST. LOUIS, MO.</u>	23c. DATE SIGNED <u>DEC. 7, 1951</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-10-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>DEC 7 1951</u>	REGISTRAR'S SIGNATURE <u>Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arthur J. Donnelly 3840 Lindell</u>
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m/g.B. (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.....

W. H. Van Matre

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

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.