

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39780

State File No. \_\_\_\_\_  
Registrar's No. 10908

FILED DEC 15 1951

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

REG. DIST. NO. 10908

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

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. LENGTH OF STAY (In this place) <u>3 yrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis State Hospital</u>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. STREET ADDRESS <u>5400 Arsenal St.</u>		f. FULL NAME OF HOSPITAL OR INSTITUTION	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) c. (Last) <u>STEVENSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 6 1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW 2</u>	8. DATE OF BIRTH <u>12/5/73</u>
9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Ireland</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.R.</u>
13a. FATHER'S NAME <u>Thomas Burton</u>		13b. MOTHER'S MAIDEN NAME <u>Johanna Meyer</u>	14. NAME OF HUSBAND OR WIFE <u>?</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>M. Kenney</u> ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Peritonitis</u>  ANTECEDENT CAUSES DUE TO (b) <u>Chronic gastric ulcer c̄ sub-total gastrectomy</u> DUE TO (c) <u>Arteriosclerotic heart disease</u>  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>5400</u>	
22. I hereby certify that I attended the deceased from <u>Jan. 1</u> , 19 <u>51</u> , to <u>Dec. 6</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Dec. 6</u> , 19 <u>51</u> , and that death occurred at <u>6:45p</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Charles Myer</u> (Degree or title) <u>LL.D.D.</u>		23b. ADDRESS <u>5400 Arsenal St.</u>	23c. DATE SIGNED <u>12/8/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Dec 14-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Matthew</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>
DATE REC'D BY LOCAL REG. <u>DEC 10 1951</u>	REGISTRAR'S SIGNATURE <u>J. E. Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bensick Nicholas Inc.</u> ADDRESS	

9/15/51  
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed [Signature] \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

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.