S. No. 300
Rev. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 27 1952

State File No. 22695

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5193

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Missouri
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. Louis City Hospital #1

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 2109
d. STREET ADDRESS (If rural, give location): 3817a Greer avenue

3. NAME OF DECEASED (Type or Print)
a. (First): CLAUDE
b. (Middle):
c. (Last): STEPHENS

4. DATE OF DEATH (Month) (Day) (Year): JUNE 5, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 2-29-1896
9. AGE (In years last birthday): 56
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): drill press oper.
10b. KIND OF BUSINESS OR INDUSTRY: Carter Carb.
11. BIRTHPLACE (State or foreign country): Emboden, Ark.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Issac Stephens
13b. MOTHER'S MAIDEN NAME: Harriet Wally
14. NAME OF HUSBAND OR WIFE: Vergie Stephens,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): WW#1
16. SOCIAL SECURITY NO.: 429-24-6257
17. INFORMANT'S SIGNATURE OR NAME: Vergie Stephens,
ADDRESS: 3817a Greer ave.

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) Bronchogenic Carcinoma — 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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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? 162X

22. *I hereby certify that I attended the deceased from* 4-11-52, *19*____, *to* 6-5-52, *19*____, *that I last saw the deceased alive on* 6-5-52, *19*____, *and that death occurred at* 5:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE: F. J. Catenzaro (Degree or title) M.D.
23b. ADDRESS: 1515 Lafayette Avenue
23c. DATE SIGNED: 6-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 6-9-52
24c. NAME OF CEMETERY OR CREMATORY: Laurel Hill
24d. LOCATION (City, town, or county) (State): St. Louis, Co., Mo.

DATE REC'D BY LOCAL REG.: JUN 6 1952
REGISTRAR'S SIGNATURE: J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Rowland, 4104 Manchester

(Licensed Embalmer's Statement on Reverse Side)

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 Ben C. Hoffman

Licensed Embalmer No. 4366

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.