FILED FEB 11 1953

No. 300
10-48

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

State File No. 3808

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0875

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

**1. PLACE OF DEATH**
a. COUNTY City St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place) 7 WKS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes Hospital 5535 Delmar Blvd. St. Louis 12

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY ~~6264 Olive Street Rd. St. Louis~~
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) University City Mo. 4336
d. STREET ADDRESS (If rural, give location) 6262 OLIVE ST. RD.

**3. NAME OF DECEASED** (Type or Print) a. (First) Frank b. (Middle) B. c. (Last) Stephan

**4. DATE OF DEATH** (Month) (Day) (Year) January 23, 1953

**5. SEX** M
**6. COLOR OR RACE** W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married
**8. DATE OF BIRTH** April 9, 1872
**9. AGE** (In years last birthday) 80yrs — 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) No
**10b. KIND OF BUSINESS OR INDUSTRY** None
**11. BIRTHPLACE** (City and State or Foreign Country) Cininnati, Ohio
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** Benedict Stephan
**13b. MOTHER'S MAIDEN NAME** Anna Marie Braun
**14. NAME OF HUSBAND OR WIFE** Clara ~~Boothe~~ BOTHE Stephan

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) No — (If yes, give war or dates of service) None
**16. SOCIAL SECURITY NO.** None
**17. INFORMANT'S SIGNATURE OR NAME** Mrs. Clare M. Stephan — ADDRESS 6262 Olive St. Rd.

**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) Paralysis Agitans — INTERVAL BETWEEN ONSET AND DEATH 8yrs+

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic — 10yrs+
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Intertrochanteric fracture Rt. femur. — 12-4-52
*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION** 12-4-52
**19b. MAJOR FINDINGS OF OPERATION** Reduction - Open fixation Dr O.P. Hampton Primary healing.
**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.) Residence bedroom
**21c. (CITY, TOWN, OR TOWNSHIP)** University City (COUNTY) St. Louis (STATE) Mo.
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) 12-4-52-3A m.
**21e. INJURY OCCURRED** ~~WHILE AT WORK~~ ☐ NOT WHILE AT WORK ☒
**21f. HOW DID INJURY OCCUR?** Stumbled when got out of bed to go to bath 350 XF

22. *I hereby certify that I attended the deceased from* 10-22-, 1945, *to* 1-23-53, 19___, *that I last saw the deceased alive on* 1-23-53, 19___, *and that death occurred at* 2:3P m., *from the causes and on the date stated above.*

**23a. SIGNATURE** J. Fred W. Clark. (Degree or title) M.D.
**23b. ADDRESS** 864 Hamilton Blvd St. Louis 12. Mo.
**23c. DATE SIGNED** 1-23-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Removal
**24b. DATE** Jan. 26, 1953
**24c. NAME OF CEMETERY OR CREMATORY** St. Peters Cemetery
**24d. LOCATION** (City, town, or county) (State) St. Louis Co., Mo.

**DATE REC'D BY LOCAL REG.** JAN 26 1953
**REGISTRAR'S SIGNATURE** J. Carl Smith MD
**25. FUNERAL DIRECTOR'S SIGNATURE** Alexander & Sons — ADDRESS 6175 Delmar

(Licensed Embalmer's Statement on Reverse Side)

This certificate to be endorsed by Coroner City of St. Louis.
J. Fred W. Clark

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 Jos. E. McCulloh

Licensed Embalmer No. 9460

P. O. Address 6175 Delmar

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

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