

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16255

State File No.

FILED MAY 14 1953

318

REG. DIST. NO. PRIMARY REG. DIST. NO.

1003

Registrar's No.

4250

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis, 2129	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 12 600 North Kingshighway Blvd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION JEWISH HOSPITAL			
3. NAME OF DECEASED (Type or Print) a. (First) BESSE b. (Middle) MABEL c. (Last) STEMEN.		4. DATE OF DEATH (Month) (Day) (Year) April 23, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 23, 1888
9. AGE (In years last birthday) 64		10. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		11. BIRTHPLACE (City and State or Foreign Country) Edna Mills, Indiana	
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Dr. D. M. Bonham.		13b. MOTHER'S MAIDEN NAME Dora Idora	
14. NAME OF HUSBAND OR WIFE James F. Stemen.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME James F. Stemen, 600 N. Kingshighway Blvd.		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> 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		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION			
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 3.31x			
22. I hereby certify that I attended the deceased from Oct, 1952, to 4-23, 1953, that I last saw the deceased alive on 4-23, 1953, and that death occurred at 2:55P m., from the causes and on the date stated above.			
23a. SIGNATURE <i>J. P. ...</i>		23b. ADDRESS 3409 Union	
23c. DATE SIGNED 4-24-53			
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE 4-25-1953	
24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
DATE REC'D BY LOCAL REG. APR 24 1953		REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>	
25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons; 7233 Delmar Blvd.		ADDRESS	

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

(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 *V. Carver* 2/24

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.