

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 16260

Registrar's No. 3663

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 16260		Registrar's No. 3663			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).							
a. COUNTY _____ City _____				a. STATE Missouri		b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis			c. LENGTH OF STAY (In this place) 24 hrs.			c. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo. 2059					
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital				d. STREET ADDRESS (If rural, give location) 5727 Enright Ave.							
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX			6. COLOR OR RACE		
a. (First) MARY			b. (Middle) ELLA			c. (Last) STEVENS			April 5, 1953		
(Type or Print)											
5. SEX F.			6. COLOR OR RACE W.			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			8. DATE OF BIRTH Oct. 7, 1865		
9. AGE (In years last birthday) 87			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own Home			11. BIRTHPLACE (City and State or Foreign Country) St. Louis County, Mo.		
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME John A. Massey			13b. MOTHER'S MAIDEN NAME Sarah Ann Utz			14. NAME OF HUSBAND OR WIFE Beverly Stevens		
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 ADDRESS Mrs William R. Gilbert 5727 Enright					
18. CAUSE OF DEATH				MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage						3 des.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis							
				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 <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) m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR 331X					
22. I hereby certify that I attended the deceased from <u>Jan 1953 to 4-5, 1953</u> , that I last saw the deceased alive on <u>4-5, 1953</u> , and that death occurred at <u>12:15 p.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE W. Hayden M.D.				23b. ADDRESS 730 Kodakway				23c. DATE SIGNED 4-7-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal			24b. DATE April 7, 1953			24c. NAME OF CEMETERY OR CREMATORY Fee Fee Cemetery			24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		
DATE REC'D BY LOCAL REG. APR 8 1953			REGISTRAR'S SIGNATURE C. Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alexander & Sons, Inc. 6175 Delmar Blv					
(Licensed Embalmer's Statement on Reverse Side)											

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

Dr. E. F. Hayden  
Hodiamont Ave.

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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 Gas. E. McCulloch

Licensed Embalmer No. 2460

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.