

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23173

State File No. ....

FILED JUL 15 1953

BIRTH NO. 33171-53 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5869

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. CITY OR TOWN <u>WEBSTER GROVES</u>	d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>3 HRS.</u>		e. STREET ADDRESS (If rural, give location) <u>73 A N. GORE AVE 4607</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOHNS HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>GLENDA</u>	b. (Middle) <u>GEAN</u>	c. (Last) <u>STEVENS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 11 1953</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>MAY 9, 1953</u>	9. AGE (in years last birthday) <u>1</u> IF UNDER 1 YEAR Months <u>7</u> IF UNDER 6 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>INFANT</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>ROBERT L. STEVENS</u>	13b. MOTHER'S MAIDEN NAME <u>SHIRLEY ASHER</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ROBERT L. STEVENS</u> ADDRESS <u>73A N. GORE AVE</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>24 HRS</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Left lobar pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Multiple Cavernous Congenital Neurangiomata - Skin, large intestine &amp; almost completely replacing the liver tissue (multiple)</u> 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 <u>Hepatic Insufficiency</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>490X</u>
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22. I hereby certify that I attended the deceased from 5/9, 1953, to 6/11/53, 1953, that I last saw the deceased alive on 6/8/53, and that death occurred at 3 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>689 E Big Bend Webster Groves</u>	23c. DATE SIGNED <u>6/12/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>6-13-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SUNLIGHT CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>DELEGRADE, MO.</u>
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DATE REC'D BY LOCAL REG. <u>JUN 12 1953</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>MITTELBERG FUNERAL HOME INC. 73 W. LOCK WOOD AVE WEB. GRO. MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
Signature of Student Embalmer

Signed *John J. Harris*  
Licensed Embalmer No. *4108*  
P. O. Address *Harris*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.