

FILED OCT 4 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32241**  
Registrar's No. **8497**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>Normandy #151</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>De Paul Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>6902 Reder Ave.</b>			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)	
<b>Everett</b>		<b>E.</b>		<b>Stephens</b>	
4. DATE OF DEATH		5. DATE OF BIRTH			
<b>Sept. 16 1954</b>		<b>Oct. 13 1897</b>			
6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		9. AGE (In years last birthday)	
<b>White</b>		<b>Married</b>		<b>56</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)	
<b>Supt. Construction</b>		<b>Kroger Gro. Co</b>		<b>St. Louis, Mo.</b>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE	
<b>Myron Scott Stephens</b>		<b>Mata Thone</b>		<b>Angeline Kuennen Stephens</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME	
		<b>269-09-3760</b>		<b>Angeline Stephens 6902 Reder Ave.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		II. OTHER SIGNIFICANT CONDITIONS			
<b>Coronary Occlusion</b>		Conditions contributing to the death but not related to the disease or condition causing death.			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH <b>7 wks.</b>			
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? <b>4201</b>	
22. I hereby certify that I attended the deceased from <b>Sept. 1, 1954</b> , to <b>Sept. 15, 1954</b> , that I last saw the deceased alive on <b>Sept. 15, 1954</b> , and that death occurred at <b>12:40 a.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title)		23b. ADDRESS		23c. DATE SIGNED	
<b>J. Carl Smith M.D.</b>		<b>529 N. Grand Bl. St. Louis, Mo.</b>		<b>9/16/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY	
<b>Removal</b>		<b>9-18-1954</b>		<b>Linn Cemetery</b>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			
<b>Wentzville, Mo.</b>		<b>Cullinane Bros. 3320 N. Kingshighway</b>			
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
<b>SEP 16 1954</b>		<b>J. Carl Smith M.D.</b>		<b>Cullinane Bros. 3320 N. Kingshighway</b>	

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

**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 *Fred Frick* .....

Licensed Embalmer No. .... 3186

P. O. Address ... St. ... Louis, ..

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.