

FILED SEP 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32243

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7770

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN Maplewood <i>H-58 4</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hosp.		e. STREET ADDRESS (If rural, give location) 2278 Blendon Pl	
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Stevenson	
c. (Last) Stevenson		4. DATE OF DEATH (Month) (Day) (Year) Aug 20th 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Apr. 24th 1869
9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME William Varner	
13b. MOTHER'S MAIDEN NAME Nancy Cook		14. NAME OF HUSBAND OR WIFE (late) John Stevenson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Nell Kelly		ADDRESS Above	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>General Peritonitis</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Carcinoma of Rectum</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <i>154 x</i>		22. I hereby certify that I attended the deceased from <i>18</i> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>2:53 p.</i> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <i>Patrick E. Taylor Coroner</i>		23b. ADDRESS <i>1300 Clark</i>	
23c. DATE SIGNED <i>8-29</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE <i>8-23-54</i>		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>JAY B. SMITH, Maplewood, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>AUG 23 1954</i>		REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i>	

(Licensed Embalmer's Statement on Reverse Side)

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 *H. Burgess*.....

Licensed Embalmer No. *402*.....

P. O. Address *Maple*.....

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.