

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44036**
Registrar's No. **11749**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give township) **OR TOWN** St. Louis
c. LENGTH OF STAY (In this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION 1601 a So. 11th St.

2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo. **b. COUNTY** _____
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) 23 1601 a So. 11th St. **223910**

3. NAME OF DECEASED
a. (First) Otto **b. (Middle)** E. **c. (Last)** Stevens

4. DATE OF DEATH (Month) (Day) (Year)
12/24/54

5. SEX
Male

6. COLOR OR RACE
White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
11/17/1907

9. AGE (In years last birthday) 47 yrs.
 # Months: _____ # Weeks: _____ # Days: _____ # Hours: _____ # Min.: _____

10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired)
Freight Handler

10b. KIND OF BUSINESS OR INDUSTRY
Falstaff Brew. Co.

11. BIRTHPLACE (City and State or Foreign Country)
Mo.

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
William Stevens

13b. MOTHER'S MAIDEN NAME
Emma Stork

14. NAME OF HUSBAND OR WIFE
Grace McDonald Stevens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Grace Stevens 1601 a So. 11th St.

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, aneurism, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aortic Stenosis
ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Cardiac Hypertrophy
 DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
 YES NO

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? (WHOLE AT WORK) (NOT WHILE AT WORK)

21f. HOW DID INJURY OCCUR?
411x

22. I hereby certify that I attended the deceased from _____ 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 130 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Patrick C. Raylor Coroner

23b. ADDRESS
1300 Clark

23c. DATE SIGNED
12/27/54

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
12/28/54

24c. NAME OF CEMETERY OR CREMATORY
New St. Marcus

24d. LOCATION (City, town, or county) (State)
St. Louis, Mo.

DATE REC'D BY LOCAL REG.
DEC 27 1954

REGISTRAR'S SIGNATURE
Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
E.J. Schnur 3125 Lafayette Ave.

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.....
Joseph B. Wolkmann

Licensed Embalmer No. *481*

P. O. Address *3125 Lafayette*

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.