

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

31531

FILED OCT 3 - 1955

1003

State File No. _____

BIRTH NO. 72311-55

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. _____

Registrar's No. 7927

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>MO</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>6445 Barlow Drive</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South Memorial Hosp</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 8 1955</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Terry</u> b. (Middle) _____ c. (Last) <u>Stevens</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Sept 6, 1955</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) <u>1</u> <u>6</u> <u>47</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Orin Lee Stephens</u>	
13b. MOTHER'S MAIDEN NAME <u>Gloria Pittredge</u>		14. NAME OF HUSBAND OR WIFE	
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 <u>Orin Lee Stephens</u>		ADDRESS <u>6445 Barlow Drive</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anencephalic head</u>		ANTECEDENT CAUSES		<u>Longanibal</u> <u>Con delion</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b)		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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>750 x</u>	

22. I hereby certify that I attended the deceased from Sept 6, 1955, to Sept 7, 1955, that I last saw the deceased alive on Sept 7, 1955, and that death occurred at 2:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Leroy E. Ellison MD</u>		23b. ADDRESS <u>3610 So Broadway, St. Louis MO</u>		23c. DATE SIGNED <u>Sept 7, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 9, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Matthews</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, MO</u>		24e. NAME OF FUNERAL HOME <u>Full-Campbell Mortuary</u>		24f. ADDRESS <u>5765 Delmar</u>	

DATE REC'D BY LOCAL REG. <u>SEP 9 1955</u>		REGISTRAR'S SIGNATURE <u>J. Cash Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Full-Campbell Mortuary</u>	
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STATEMENT BY LICENSED EMBALMER

Not embalmed

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

John Ryan

Signed.....
Student Embalmer

Licensed Embalmer No.

P. O. Address _____

5165 Hill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.