

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 7688BIRTH NO. _____ REG. DIST. NO. 917 PRIMARY REG. DIST. NO. 500 Registrar's No. 400

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Koch - MO</u>		c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Koch Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>12 5351 - Delmar 2126</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alma</u> b. (Middle) <u>B.</u> c. (Last) <u>Stevenson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 - 11 - 1956</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>11 - 7 - 83</u>
9. AGE (In years last birthday) <u>72 yrs</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis - MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Frederick Borggraef</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Koch</u>	14. NAME OF HUSBAND OR WIFE <u>William John Stevenson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frederick Borggraef - Foley, Mo</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary artery thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Tuberculous adenitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hrs</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200A</u>		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?	
22. I hereby certify that I attended the deceased from <u>12-30-1955</u> , to <u>2-11-1956</u> , that I last saw the deceased alive on <u>2-11-1956</u> , and that death occurred at <u>7:35 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Arcl R. Brown, M.D.</u>		23b. ADDRESS <u>Robert Koch Hospital</u>	23c. DATE SIGNED <u>2-11-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 13, 56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>
DATE REC'D BY LOCAL REG. <u>2-11-56</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Dombrowski</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alexander & Sons 6175 Delmar</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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 *jos. e. McCulloch*.....
Licensed Embalmer No. *246*.....

P. O. Address *6175 Del*.....

**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.**