

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 0 2 2 9 2 2

STATE FILE NUMBER

FILED JUN 20 1957

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Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY <input checked="" type="checkbox"/>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN SAINT LOUIS MO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MISSOURI PACIFIC HOSPITAL 2 d/s			Length of stay in lb	d. STREET ADDRESS (If outside, give location) 3914 Hereford			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) ETHEL H Stephenson				4. DATE OF DEATH Month 6 Day 7 Year 1957				
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 6-30-1884		9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 11 Days 7 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED BOOKKEEPER			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) SAILING MISSOURI MO		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Marcus F Stephenson				14. MOTHER'S MAIDEN NAME Hanner Hord				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Otto Kuster Saun Hotel, St. Louis, Mo				
18. CAUSE OF DEATH [Enter only one cause (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis Ht. Dis Coronary Artherosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Arteriosclerosis; Acute Myocardial Infarction							INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 420.0					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. 			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION ST LOUIS COUNTY ST LOUIS STATE MO
21. I attended the deceased from 1954 to 6/7/57 and last saw her alive on 6/7/57 . Death occurred at 11:11 Pm on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Charles Home, M.D. (Degree or title)				22b. ADDRESS 16 Hampton Village		22c. DATE SIGNED 6/7/57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Entombment		23b. DATE 6-10-1957	23c. NAME OF CEMETERY OR CREMATORY St. Hope Mausoleum		23d. LOCATION (City, town, or county) ST LOUIS COUNTY		23e. STATE MO	
24. FUNERAL DIRECTOR Hoffmeister Colonial Mortuary 6164 Chippewa Street St. Louis 9, Missouri				25. DATE RECD. BY LOCAL REG. JUN 10 '57		26. REGISTRAR'S SIGNATURE Carl Smith M.D.		

If cause of death is casually related, Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.
 Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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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 *Lenius C. Hoffmann*

Licensed Embalmer No. 38

P. O. Address 7814 S

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.

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