Health, Welfare Public Service

300 -56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUL 16 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26004 [redacted]

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5133

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Length of stay in 1b: 15 Lutheran Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN 27 Affton 4810 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 7915 Fleta — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Stephen Middle D Last Charpentier
4. DATE OF DEATH: Month May Day 30 Year 1957
5. SEX: male
6. COLOR OR RACE: white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Oct 21, 1886
9. AGE (In years last birthday): 70 — 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): retired
10b. KIND OF BUSINESS OR INDUSTRY: plasterer
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Stephen Charpenter
14. MOTHER'S MAIDEN NAME: Mabel Groll
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 494-01-4900
17. INFORMANT: Marshall Charpentier — Address: 8935 Felecia

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ~~[illegible]~~ Encephalomyelacia — INTERVAL BETWEEN ONSET AND DEATH: 12 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive Cardio-vascular disease — 3 yrs
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 443 x
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2/24/56, to 5/30/57 and last saw ~~her~~ him alive on 5/30/57
Death occurred at 9 10 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Edward W. Czebrinski MD.
22b. ADDRESS: 3701 Crandel St.
22c. DATE SIGNED: 5/31/57

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 6/3/1957
23c. NAME OF CEMETERY OR CREMATORY: Lakewood Park Cemetery
23d. LOCATION (City, town, or county) (State): Affton, Mo.

24. FUNERAL DIRECTOR ADDRESS: J L Ziegenhein & Sons 7027 Gravois
25. DATE RECD. BY LOCAL REG.: JUN 1 '57
26. REGISTRAR'S SIGNATURE: J Carl Smith - MD acm

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision...

Student.....
Signature of Student Embalmer

Signed Donald E Berry

Licensed Embalmer No. 1486

P. O. Address 7077 Bro

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