

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30048**

FILED AUG 26 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7486**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>ST. LOUIS</b> )	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>ST. LOUIS</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2011 ALLEN AVE</b>		e. STREET ADDRESS (If rural, give location) <b>2237 0 2011 ALLEN AVE.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>THOMAS</b>	b. (Middle) <b>E</b>	c. (Last) <b>STEPHENS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>AUG 9 1957</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>OCT 28 1881</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED MEAT CUTTER</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U-S-A</b>
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13a. FATHER'S NAME <b>TIMOTHY STEPHENS</b>	13b. MOTHER'S MAIDEN NAME <b>MARY HANNAWAY</b>	14. NAME OF HUSBAND OR WIFE <b>ANNA STEPHENS</b>
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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. <b>490-22-1387A</b>	17. INFORMANT'S SIGNATURE OR NAME <b>ANNA STEPHENS</b>	ADDRESS <b>2011 ALLEN AVE</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia, Hypostatic</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 hrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pulmonary Emphysema</b> DUE TO (c) <b>Pulmonary tuberculosis Right 7 days</b>		<b>15 yrs</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>dehydration of Malnutrition</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>527.1</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 1, 1953, to Aug 9, 1957, that I last saw the deceased alive on Aug 9, 1957, and that death occurred at 9:50 A.M., from the causes and on the date stated above.

23. SIGNATURE <b>Anna Stephens</b> (Degree or title)	23b. ADDRESS <b>No. 09-3201 - St. Louis</b>	23c. DATE SIGNED <b>8/10/57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>AUG 12 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION CEM</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>
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DATE REC'D BY LOCAL REG. <b>AUG 12 57</b>	REGISTRAR'S SIGNATURE <b>Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Kuter</b>	ADDRESS <b>2906 Gravois</b>
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M.B. (Licensed Embalmer's Statement on Reverse Side)

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

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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 *Leo J. Buddie*.....

Licensed Embalmer No. *2989*

P. O. Address *St. Louis*.....

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.