

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023789
STATE FILE NUMBER

FILED JUN 16 1958

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. 5133

S. 300
1-57
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY ST. LOUIS		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN HILLSDALE #161		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 27 6429 Leschen Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM H STEVENS			4. DATE OF DEATH Month Day Year May 14, 1958		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 7, 1897		9. AGE (In years last birthday) 61
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter Emerson Electric Co.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis Missouri, O		12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME William Stevens		13b. MOTHER'S MAIDEN NAME Ivy O'Dowdy Mary C. Dunmire		14. NAME OF HUSBAND OR WIFE Edna R. Stevens	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes WWI		16. SOCIAL SECURITY NO.		17. INFORMANT St. Louis 20, Missouri. Mrs. Edna R. Stevens 6429 Leschen Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c): PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cornary</i> DUE TO (b) <i>Inf. obstruction</i> DUE TO (c) <i>Pneumonia</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) <i>Had several Cornaries in past</i>					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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		COUNTY	STATE
21. I attended the deceased from <i>May 8-58</i> to <i>May 15</i> and last saw <i>him</i> <i>live on 630 pm 5/15/58</i> Death occurred at <i>8:00 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>G. H. Krause M.D.</i>			22b. ADDRESS <i>3720 Washington</i>		22c. DATE SIGNED <i>5/15/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE <i>5-19-1958</i>	23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or country) (State) St. Louis <i>Co.</i> Missouri.
24. FUNERAL DIRECTOR C.R. Lupton and Sons 7233 Delmar Blvd.		25. DATE RECD. BY LOCAL REG. MAY 15 '58		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i> S.P.	

Lester at St. Katherin

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 *Clarence H. Murray*
Licensed Embalmer No. *1111*
P. O. Address *St. Louis, Mo.*

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.