

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027474
File No.

FILED JUL 28 1958

BIRTH NO. 53 61 2-1-58 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7067

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>14 JEWISH HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>27 7726 ARTHUR 4495</u>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <u>BABY</u>		b. (Middle) <u>GIRL</u>	
c. (Last) <u>STEVENS</u>		Month (Day) (Year) <u>7-1-58</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>7-1-58</u>
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (City and State or Foreign Country)
10a. <u>3</u>		10b. <u>0</u>	
11. <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	
		<u>CARDIE STEVENS</u>	
14. NAME OF HUSBAND OR WIFE		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.	
17. INFORMANT'S SIGNATURE OR NAME		ADDRESS	
<u>CARDIE STEVENS</u>		<u>7726 ARTHUR, RICHMOND HATS-17 Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<u>Prementally (24 wks)</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH	
2. ANTECEDENT CAUSES			
3. MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b)			
DUE TO (c)			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
		<u>776x</u>	
20. AUTOPSY? / YES <input checked="" type="checkbox"/> NO <input 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)	
		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>7-1, 1958</u> , to <u>7-1, 1958</u> , that I last saw the deceased alive on <u>7-1, 1958</u> , and that death occurred at <u>2:05 P.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Reu Foster</u>		23b. ADDRESS <u>727 No. Chestnut Blk</u>	
23c. DATE SIGNED <u>7/2/58</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
		24b. DATE <u>7-3-58</u>	
		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	
		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>JUL 17 '58</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl Smith</u>	
REGISTRAR'S SIGNATURE <u>Carl Smith</u>		ADDRESS <u>Mo. Rowland - Apts 404 Manhattan</u>	

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.....

Licensed Embalmer No.....

P. O. Address.....

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.