

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

58-027475  
 State File No.

FILED JUL 24 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 710F

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). a. STATE Mo. b. COUNTY			
b. CITY OR TOWN St Louis		c. LENGTH OF STAY (in this place) 10 <sup>1</sup> / <sub>2</sub> DOWN		c. CITY OR TOWN St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 01 AT HOME		6. STREET ADDRESS (If rural, give location) 4130A SAN FRANCISCO			
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) COOPER c. (Last) STEVENS		4. DATE OF DEATH JULY 13, 1958			
5. SEX MALE	6. COLOR OR RACE C	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 5-19-1899	9. AGE (In years less birthday) 59	IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Faber		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) NEW PORT ARK 1	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Robert Stevens		13b. MOTHER'S MAIDEN NAME Not Known	
14. NAME OF HUSBAND OR WIFE Gertrude Stevens		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 Gertrude Stevens, 4130 San Francisco		ADDRESS			
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) Acute myocardial infarct.		INTERVAL BETWEEN ONSET AND DEATH 10 min.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart dis. DUE TO (c)		420.0	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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		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 3/57, 19 to 7/13, 1958, that I last saw the deceased alive on 7/10, 1958, and that death occurred at 6:30 p.m., from the causes and on the date stated above.					
23a. SIGNATURE J. A. Inman (Degree or title) M.D.		23b. ADDRESS 4242 E. Easton		23c. DATE SIGNED 7/10/58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-18-58		24c. NAME OF CEMETERY OR CREMATORY St Johns	
24d. LOCATION (City, town, or county) Calinsville		24e. (State) Ill.			
DATE REC'D BY LOCAL REG. JUL 18 1958		REGISTRAR'S SIGNATURE Pearl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Richardon 2625 Glasgow	

(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 embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *W. Richardson*.....

Licensed Embalmer No. *2928*.....

P. O. Address *2625 Glass*.....

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