S. No. 300
. 10.48

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

State File No. 58-034979

FILED OCT 14 1958

BIRTH NO. 7915 C-S H REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 2539

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

**1. PLACE OF DEATH**
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirkwood
c. LENGTH OF STAY (in this place): 45 min
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: Sappington 4000
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 11073 Little Drive

**3. NAME OF DECEASED** (Type or Print)
a. (First): Baby Girl
b. (Middle): MARY
c. (Last): Stephens

**4. DATE OF DEATH** (Month) 10 (Day) 1 (Year) 1958

**5. SEX**: Female
**6. COLOR OR RACE**: / White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Infant 0
**8. DATE OF BIRTH**: 10-1-58
**9. AGE** (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min. 45

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): None
**10b. KIND OF BUSINESS OR INDUSTRY**: None
**11. BIRTHPLACE** (City and State or Foreign Country): Kirkwood, Missouri 0
**12. CITIZEN OF WHAT COUNTRY**: USA North Amer

**13a. FATHER'S NAME**: Richard Earl Stephens
**13b. MOTHER'S MAIDEN NAME**: Dorothy Elaine Hobbs
**14. NAME OF HUSBAND OR WIFE**: None

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service): None
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: Richard Stephens ADDRESS: Sappington, Mo.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) multiple congenital anomalies — INTERVAL BETWEEN ONSET AND DEATH: 45"

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c) 759.3

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* prematurity

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☑ NO ☐

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 10-1, 1958, *to* 10-1, 1958, *that I last saw the deceased alive on* 10-1, 1958, *and that death occurred at* 6:20 p.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Matt W. Zacher Jr. DVS.
**23b. ADDRESS**: 3923 Watson
**23c. DATE SIGNED**: 10-1-58

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 10/2/1958
**24c. NAME OF CEMETERY OR CREMATORY**: Oak Hill Cem.
**24d. LOCATION** (City, town, or county) (State): Kirkwood 22, Missouri

**DATE REC'D BY LOCAL REG.**: 10-2-58
**REGISTRAR'S SIGNATURE**: Herbert R. Domke M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Pfitzinger Mort-Kirkwood 22, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Not Embalmed

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 436

P. O. Address .....

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.