

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011425
STATE FILE NUMBER
2 2691
Registrars No.

FILED MAR 27 1959

Registration District No. Primary Registration District No. Registrar's No.

300
1-57

94
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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
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 St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1031^a Allen		Length of stay in lb		d. STREET ADDRESS (If outside, give location) 1031^a Allen	
3. NAME OF DECEASED (Type or print) First William Middle G Last Stevens			4. DATE OF DEATH Month March Day 15 Year 1959		
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH June 5 1878	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Cordage Mills		11. BIRTHPLACE (City and state or country) St. Louis Mo.	
12. CITIZEN OF WHAT COUNTRY? U, S.		13a. FATHER'S NAME George Stevens		13b. MOTHER'S MAIDEN NAME Sophie Hohman	
14. NAME OF HUSBAND OR WIFE Divorced		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 Katie Gann Address 1813^a Lami		18. CAUSE OF DEATH (Enter only one cause of line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Renal Shut Down (Failure) DUE TO (c) Pyonephrosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Surgery of Prostate at City Hospital 6/2x			
INTERVAL BETWEEN ONSET AND DEATH 48 hrs 2 weeks		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 WORK <input type="checkbox"/> 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 Jan, 1949 to 3/10/59 and last saw her/him alive on 3/10/59 Death occurred at 11:55 A m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Frank G. Zingale M.D. (Degree or title)		22b. ADDRESS 16 Hampton Village Pl	
22c. DATE SIGNED 3/16/59		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Mar. 18 1959	
23c. NAME OF CEMETERY OR CREMATORY New Picker		23d. LOCATION (City, town, or county) (State) St. Louis Mo.		24. FUNERAL DIRECTOR ADDRESS Moydell Funeral Home 1926 Allen	
25. DATE RECD. BY LOCAL REG. MAR 17 '59		26. REGISTRAR'S SIGNATURE Frank Smith, M.D.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed George J. Luboda Jr......

Licensed Embalmer No. 4899.....

P. O. Address 1926 Allen

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.