

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 12 1960

=60-044548

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3474 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St Louis		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 Clayton		Length of stay in 1b D.O.A	c. CITY OR TOWN Crestwood Webster-Groves
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Louis County Hospital		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 9510 Big Bend Ave
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Howard Middle Clarence Last Stephens	4. DATE OF DEATH Month Nov Day 28th Year 1960
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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 Sept 11 1915	9. AGE (last birthday) 45	IF UNDER 1 YEAR Months 2	IF UNDER 24 HR Hours 17 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Forman	10b. KIND OF BUSINESS OR INDUSTRY Style Craft Trimming	11. BIRTHPLACE (City and state or country) Greenville Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Erby Stephens	13b. MOTHER'S MAIDEN NAME Bealuh Johnson	14. NAME OF HUSBAND OR WIFE Louise Stephens
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W W NO 2	16. SOCIAL SECURITY NO. 497-09-4683	17. INFORMANT Louise Stephens	Address 9510 Big Bend Av Webster Groves, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carbon monoxide poisoning		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Intentional ingestion of carbon monoxide poisoning
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20c. TIME OF INJURY Hour 7:00 a.m. PM Month, Day, Year 11/28/60 subject found	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) car parked in garage at home premises	20f. CITY, TOWN, OR LOCATION Crestwood	COUNTY St. Louis	STATE Missouri
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Raymond H. Hand</i> (Degree or title) Coroner	22b. ADDRESS Clayton, Mo.	22c. DATE SIGNED 12/1/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov 30th 1960	23c. NAME OF CEMETERY OR CREMATORY National Cem.	23d. LOCATION (City, town, or county) (State) Jefferson Brks, Mo
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24. FUNERAL DIRECTOR Fey Funeral Home, Mehlville Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 11-29-60	26. REGISTRAR'S SIGNATURE <i>John B. ...</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Custar W. J. J. J.

Licensed Embalmer No. 432

P. O. Address St. Louis

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.