

318 Primary Registration District No. 1003 Registrar's No. 9271

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

Registration District No. **318**
FILED OCT 13 1961

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Louis									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis (18)		Length of stay in 1b 2 Weeks		c. CITY OR TOWN Lemay (25)		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony's Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3710 Orient Ave		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First GEORGE Middle HARRISON Last STEVENS				4. DATE OF DEATH Month October Day 5th. Year 1961									
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 10-6-1892		9. AGE (last birthday) 68 Yrs		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Salesman			10b. KIND OF BUSINESS OR INDUSTRY Am. Nat'l Ins Co		11. BIRTHPLACE (City and state or country) Marion Co., Iowa			12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Alonzo Stevens				13b. MOTHER'S MAIDEN NAME Mary Ellen Barr				14. NAME OF HUSBAND OR WIFE Emma Stevens					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None						17. INFORMANT Address 25 Emma Stevens 3710 Orient Ave (Lemay)							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) Intestinal Obstruction										48 hours			
DUE TO (b) Generalized carcinomatosis										1 year			
DUE TO (c) Carcinoma of the Rectum										2 yrs			
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 checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 154x									
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 Oct. 1946 to October 4 61 and last saw him alive on Oct. 3, 1961 Death occurred at 3:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>Raymond [Signature]</i> (Degree or title)						22b. ADDRESS 7430 Virginia Avenue			22c. DATE SIGNED 10/6/61				
23a. BURIAL, CREMATION, REMOVAL (Specify)			23b. DATE Oct. 9, 1961		23c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery			23d. LOCATION (City, town, or county) (State) Lemay (25) Mo.					
24. FUNERAL DIRECTOR Fendler Und. Co. 7420 Michigan Ave. ADDRESS					25. DATE RECD. BY LOCAL REG. OCT 7 1961		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>						

Dr. Donald Benjamin
7430 Virginia Ave
New York 7340

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. G. Petersson

Licensed Embalmer No. 3767
P. O. Address 7430 Michigan

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.