

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021042  
5088 STATE FILE NUMBER

318 1003 Registrant's No.

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5088

**FILED MAY 31 1962**

1. PLACE OF DEATH  
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Mo.** b. COUNTY **St. Louis**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b **15 Min.**

c. CITY OR TOWN **Normandy** Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Missouri Baptist Hosp.** Inside Limits Yes  No

d. STREET ADDRESS **7010 Edison Avenue** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **Elmer** Middle **Thomas** Last **Stephens** 4. DATE OF DEATH Month **5** Day **17** Year **1962**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **6-28-98** 9. AGE (last birthday) **63** IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Transmitter Man** 10b. KIND OF BUSINESS OR INDUSTRY **KSD** 11. BIRTHPLACE (City and state or country) **Webb City, Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Unknown** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Oreta Stephens**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **[Redacted]** 17. INFORMANT Address **Mrs. Oreta Stephens, 7010 Edison**

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **Coronary Thrombosis** INTERVAL BETWEEN ONSET AND DEATH **4 hours**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **arteriosclerotic heart disease** **not known**  
DUE TO (c) **420.0**

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.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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 WORK  NOT WHILE AT WORK  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 **Apr 15 1954** to **May 17, 1962** and last saw her/him live on **May 17, 1962**  
Death occurred at **5:50 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Robert M. Smith M.D.** 22b. ADDRESS **114 N Taylor** 22c. DATE SIGNED **5/18/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Cremation** 23b. DATE **5-21-62** 23c. NAME OF CEMETERY OR CREMATORY **Valhalla Crematory** 23d. LOCATION (City, town, or county) (State) **St. Louis County Mo.**

24. FUNERAL DIRECTOR ADDRESS **Drehmann-Harral, 1905 Union Blvd.** 25. DATE RECD. BY LOCAL REG. **MAY 19 1962** 26. REGISTRAR'S SIGNATURE **Earl Smith, M.D.**

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DATE AMENDED  
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
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SHOULD READ  
ITEM NO.  
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

68

Dr. Robert Smith  
114 N. Taylor  
Je 3-8600  
Hrs.

**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 Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address \_\_\_\_\_

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.