

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-044923  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10958

**FILED NOV 19 1962**

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

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ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

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DOCUMENT

|   |  |   |  |   |  |  |   |   |                                       |  |  |   |  |
|---|--|---|--|---|--|--|---|---|---------------------------------------|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>                     |  | Length of stay in 1b  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> |   | b. COUNTY   |                                       | c. CITY OR TOWN <b>St. Louis</b>   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>   |  |   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |  | d. STREET ADDRESS (If outside, give location)<br><b>5301 Jamieson Ave.</b>                                   |   |   |                                       | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |   |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>ANNA</b> Middle <b>M.</b> Last <b>STEVENS</b>  |  |   | 4. DATE OF DEATH<br>Month <b>Nov.</b> Day <b>12</b> Year <b>1962</b> |   |  |  |   |   |                                       |  |  |   |  |
| 5. SEX<br><b>Female</b>   |  | 6. COLOR OR RACE<br><b>White</b>  |  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>1-15-1881</b>   |   | 9. AGE (last birthday)<br><b>81</b>   |                                       | IF UNDER 1 YEAR<br>Months Days Hours Min.                                  |  | IF UNDER 24 HR  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housework</b>   |  |   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>At Home</b>   |  | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Mo.</b>  |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |                                       |  |  |   |  |
| 13a. FATHER'S NAME<br><b>William Dockter</b>  |  |   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Margaret Houshalter</b>   |  |  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Late Fred C. H. Stevens</b>   |                                       |  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give year or dates of service)<br><b>No</b>   |  |   |  | 16. SOCIAL SECURITY NO.<br><b>None</b>  |  | 17. INFORMANT<br>Address<br><b>Thelma S. Best 1302 Wells-Web. Gr., Mo.</b>                                   |   |   |                                       |  |  |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b>  |  |   |  |   |  |  |   |   |                                       | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 week</b>                          |  |   |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>" arteriosclerosis</b>  |  |   |  |   |  |  |   |   |                                       | <b>unknown</b>   |  |   |  |
| DUE TO (c) <b>332x</b>  |  |   |  |   |  |  |   |   |                                       |  |  |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Arteriosclerotic heart disease</b>  |  |   |  |   |  |  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |                                       |  |  |   |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" 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.)  |  |  |   |   |                                       |  |  |   |  |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m.   |  | 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 <b>18 Nov. 1958</b> to <b>12 Nov. 62</b> and last saw her alive on <b>12 Nov. 62</b><br>Death occurred at <b>11:40 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |   |  |  |   |   |                                       |  |  |   |  |
| 22a. SIGNATURE (Degree or title)<br><b>T. G. Drake, M.D.</b>  |  |   |  |   |  | 22b. ADDRESS<br><b>114 N. Taylor, St. L. 8</b>   |   |   | 22c. DATE SIGNED<br><b>13 Nov. 62</b> |  |  |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Entombment</b>  |  | 23b. DATE<br><b>Nov. 16, 1962</b>   |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Oak Grove Mausoleum</b>  |  |  | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis Co. Mo.</b> |   |                                       |  |  |   |  |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Kriegshauser 4228 S. Kingshighway Blvd.</b>  |  |   |  |   |  | 25. DATE RECD. BY LOCAL REG.<br><b>NOV 14 1962</b>   |   | 26. REGISTRAR'S SIGNATURE<br><b>Good Smith, M.D.</b>  |                                       |  |  |   |  |

Dr. Truman Drake  
114 N. Taylor  
Je. 3-8600  
11:30-4

MISSOURI

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 RW. Storrans

Licensed Embalmer No. 4007

P. O. Address St Louis MO

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.