

#2323

FEDERAL SECURITY AGENCY
National Office of Vital StatisticsMISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

21372

FILED JUL 3 1948
Registration District No. 318

Primary Registration District No. 1003

State File No. 5706
Registrar's No.

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff Memorial
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT
FULL NAME

ERLENE STEPHAN

3. (b) If veteran,
name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married,
divorced Married
 6. (b) Name of husband or wife Val Stephan 6. (c) Age of husband or wife if
alive _____ years
 7. Birth date of deceased March 29-1911
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
37	2	24	hr.	min.

9. Birthplace Arkansas
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name William Hamilton13. Birthplace Arkansas
(City, town, or county) (State or foreign country)14. Maiden name Betty Dawson15. Birthplace Arkansas
(City, town, or county) (State or foreign country)16. (a) Informant Val Stephan(b) Address 1302 Graham Street17. (a) Burial (b) Date thereof 6-26-1948
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation SS. Peter & Paul18. (a) Signature of funeral director Moydell Underaker(b) Address 1926 Allen Avenue19. (a) JUN 25 1948 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis 17
 (If outside city or town limits, write "RURAL") 9
 (d) Street No. 1302 Graham Street 0
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23rd
year 1948 hour 7 minute 55 A. M.21. I hereby certify that I attended the deceased from 5/20/48
_____, 19____, to June 23rd, 1948
that I last saw her alive on June 23rd, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death

Peritonitis, generalizedDue to Perforated appendixDue to Pneumonia, Both lower lobesOther conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations Drumstick
Appendix removed
Of autopsy As above

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
 While at work? _____ (c) Means of injury _____
 23. Signature Carl F. Work (M. D. or other) _____
 Address 1515 Lafayette Date signed 6/23/48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY

10

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, Registered Apprentice No.
working under my personal supervision.

Signed Benj L. Duman

Licensed Embalmer No. 2272

P. O. Address. 1926 Allen Avenue

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 this body is not embalmed, fact should be so stated above.