

FILED APR 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10698

State File No. 3097
Registrar's No. 3097

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 3097		Registrar's No. 3097			
1. PLACE OF DEATH a. COUNTY _____					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (In this place) 25 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			d. STREET ADDRESS (If rural, give location) 6918 Fyler Ave.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital,					d. STREET ADDRESS (If rural, give location) 6918 Fyler Ave.						
3. NAME OF DECEASED (Type or Print) a. (First) Annie			b. (Middle) Rosalee		c. (Last) Stevens		4. DATE OF DEATH (Month) (Day) (Year) April 3, 1949				
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 5-9-1868		9. AGE (In years last birthday) 80 Months 10 Days 24			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (State or foreign country) Illinois			12. CITIZEN OF WHAT COUNTRY? USA.			
13a. FATHER'S NAME William Schwind			13b. MOTHER'S MAIDEN NAME Mary Jeisey			14. NAME OF HUSBAND OR WIFE Joseph H. Stevens.					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Joe H. Stevens ADDRESS 6918 Fyler Ave St Louis 9 Mo.						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS - Carcinoma of sigmoid Conditions contributing to the death but not related to the disease or condition causing death. Fracture of left hip, March 10, 1949					INTERVAL BETWEEN ONSET AND DEATH 12 hours	
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SOURCE (Specify) HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 10, 1949 m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fall						
22. I hereby certify that I attended the deceased from March 10, 1949 , to April 3, 1949 , that I last saw the deceased alive on April 3, 1949 , and that death occurred at 8:35P m. , from the causes and on the date stated above.											
23a. SIGNATURE F R Bradley (Degree or title) M.D.					23b. ADDRESS Barnes Hospital,			23c. DATE SIGNED 4/4/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 6 '49		24c. NAME OF CEMETERY OR CREMATORY Valhalla		24d. LOCATION (City, town, or county) (State) Wellston, St. Louis Co., Mo.					
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 6 1949 J. B. Pasater			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mittelberg Funeral Home Webster Groves 19 Mo								

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed: Ronald Yahnke

Signed.....
Student Embalmer

Licensed Embalmer No. 3917

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