

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16371**

FILED MAY 25 1949

No. 300
10-48

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

BIRTH NO. _____		REG. DIST. NO. <u>160</u>		PRIMARY REG. DIST. NO. <u>3029</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission)			
a. COUNTY <u>Jefferson</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crystal City</u>		c. LENGTH OF STAY (In this place) <u>4 1/2 years</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				c. CITY (If outside corporate limits, write RURAL and give township) <u>Crystal City</u>			
3. NAME OF DECEASED				4. DATE OF DEATH			
a. (First) <u>Theodore</u>		b. (Middle) _____		c. (Last) <u>Stevens</u>		d. (Month) <u>March</u> (Day) <u>6</u> (Year) <u>1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Sept. 4 1884</u>	
9. AGE (In years last birthday) <u>64</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocer</u>		11. BIRTHPLACE (State or foreign country) <u>Macedonia, Greece</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>own store</u>		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Stephen Stevens</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine (unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>Martha</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Theodore Stevens</u> ADDRESS <u>Crystal City, Mo.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>				<u>1 hour</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <u>Hypertension + Arteriosclerosis unknown</u>					
		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 <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				<u>334X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>March 6, 1949</u> , to <u>March 6, 1949</u> , that I last saw the deceased alive on <u>March 6, 1949</u> , and that death occurred at <u>10:00</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. J. [Signature]</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Crystal City Mo</u>		23c. DATE SIGNED <u>March 8, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 9, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Matthews</u>		24d. LOCATION (City, town, or county) <u>St. Louis Mo</u>	
DATE REC'D BY LOCAL REG. <u>Mar 9 1949</u>		REGISTRAR'S SIGNATURE <u>Claude Bellville</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geanty R. Palitte</u> ADDRESS <u>Crystal City, Mo</u>			

