

FILED JUL 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

MOU State File No. 21548
5480 Registrar's No.

BIRTH NO. 38138-49 REG. DIST. NO. 219 PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital		d. STREET ADDRESS (If rural, give location) 5 5933 Julian Ave.	

3. NAME OF DECEASED (Type or Print) Steven		4. DATE OF DEATH (Month) (Day) (Year) 6 24 49	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	8. DATE OF BIRTH 6/23/49
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 3 120
11. BIRTHPLACE (State or foreign country) St. Louis, Mo		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME John Potts	13b. MOTHER'S MAIDEN NAME Elizabeth Moser	14. NAME OF HUSBAND OR WIFE
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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.	17. INFORMANT'S SIGNATURE OR NAME John Potts	ADDRESS 5933 Julian Ave.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 hr 20'
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity, 6 mo. gest		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Premature Separation Placenta 24 hr. DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 1397
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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? 796X
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22. I hereby certify that I attended the deceased from 6/23 1949, to 6/24, 1949, that I last saw the deceased alive on 6/24, 1949, and that death occurred at 3:00 a. m., from the causes and on the date stated above.

23a. SIGNATURE Roy V. Boedeker (Degree or title) M.D.	23b. ADDRESS 4500 Olive	23c. DATE SIGNED 6/24/49
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24a. BURIAL, CREMATION, REMOVAL, BURIAL (Specify) Burial	24b. DATE June 25, 1949	24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County Missouri
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DATE REC'D BY LOCAL REG. JUN 25 1949	REGISTRAR'S SIGNATURE J. B. Keaton	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas. H. Stuart 1225 Union
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(Licensed Embalmer's Statement on Reverse Side)

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 _____
W. E. Embalmer

Signed.....
Student Embalmer

Licensed Embalmer No. _____

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