

FILED JUL 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

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21731  
State File No. 5368

|  |                            |  |   |  |  |   |  |   |  |
|--|----------------------------|--|---|--|--|---|--|---|--|
| BIRTH NO. _____  |                            | REG. DIST. NO. _____   |   | PRIMARY REG. DIST. NO. _____   |  | Registrar's No. _____   |  |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |                            |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE _____ b. COUNTY _____  |  |   |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>  |                            | c. LENGTH OF STAY (in this place) _____  |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>  |  | 3   |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>   |                            |  |   | d. STREET ADDRESS (If rural, give location) <u>424 Alta Dena Court</u>   |  |   |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Edward M.</u> b. (Middle) _____ c. (Last) <u>Stephanus</u>  |                            |  | 4. DATE OF DEATH<br>(Month) (Day) (Year) <u>June 19, 1949</u> |  |  |   |  |   |  |
| 5. SEX <u>M.</u>   | 6. COLOR OR RACE <u>W.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>                                       |   | 8. DATE OF BIRTH <u>Aug. 6, 1883</u>   | 9. AGE (In years last birthday) <u>65</u>          | IF UNDER 1 YEAR Months <u>10</u> Days <u>13</u>                                     | IF UNDER 4 HRS. Hours _____ Min. _____ |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Investment Broker</u>   |                            | 10b. KIND OF BUSINESS OR INDUSTRY _____  |   | 11. BIRTHPLACE (State or foreign country) <u>Michigan</u>  |  | 12. CITIZEN OF WHAT COUNTRY? _____  |  |   |  |
| 13a. FATHER'S NAME <u>Michael A. Stephanus</u>   |                            |  | 13b. MOTHER'S MAIDEN NAME <u>Catherine Vieson</u>             |  | 14. NAME OF HUSBAND OR WIFE <u>Ethel Stephanus</u> |   |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>  |                            | 16. SOCIAL SECURITY NO. _____  |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ethel Stephanus, 424 Alta Dena</u>   |  |   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                    |                            |  |   | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of lung.</u><br><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>None</u><br>DUE TO (c) <u>None</u><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u> |  |   |  | INTERVAL BETWEEN ONSET AND DEATH <u>9-27-48</u> |  |
| 19a. DATE OF OPERATION _____   |                            | 19b. MAJOR FINDINGS OF OPERATION <u>No surgery</u>   |   |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |   |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>   |                            | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>   |   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis City, Mo.</u>   |  | 47d   |  |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>  |                            | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |   | 21f. HOW DID INJURY OCCUR? <u>163X</u>   |  |   |  |   |  |
| 22. I hereby certify that I attended the deceased from <u>10-16-1942</u> , to <u>6-19-1949</u> , that I last saw the deceased alive on <u>6-18-1949</u> , and that death occurred at <u>120 A.</u> , from the causes and on the date stated above. |                            |  |   |  |  |   |  |   |  |
| 24a. SIGNATURE <u>[Signature]</u> (Degree or title) _____  |                            |  |   | 23b. ADDRESS <u>3720 Washington</u>  |  | 23c. DATE SIGNED <u>6-21-49</u>   |  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |                            | 24b. DATE <u>June 22, 1949</u>   |   | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>                 |  |   |  |
| DATE REC'D BY LOCAL REG. <u>JUN 21 1949</u>  |                            | REGISTRAR'S SIGNATURE <u>J. B. Fasater</u>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u>   |  | ADDRESS <u>Lindell Blvd.</u>  |  |   |  |

(Licensed Embalmer's Statement (on Reverse Side))

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

*Marie*



JUL 18 1948

*1-1-1*

**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 H Van Matre*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

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.