

FILED JAN 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42992

State File No. 11360
Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MO. 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 2632 A McNAIR AV.

d. STREET ADDRESS (If rural, give location) 2632 A McNAIR AV.

3. NAME OF DECEASED (Type or Print)
a. (First) EDWARD b. (Middle) John c. (Last) STEPHENS

4. DATE OF DEATH (Month) (Day) (Year) DEC-31-1949

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Divorced

8. DATE OF BIRTH SEPT-10-1889

9. AGE (In years last birthday) 60 YRS

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES WORKER

10b. KIND OF BUSINESS OR INDUSTRY CUTTER

11. BIRTHPLACE (State or foreign country) MO. III

12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME GEORGE STEPHENS

13b. MOTHER'S MAIDEN NAME ELIZABETH HENNING

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Mrs. Janelly Squires 2632 A McNAIR AV. ADDRESS

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic fever
DUE TO (c) Hypertension
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
2 yr
2 yr

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) 97

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 4201

22. I hereby certify that I attended the deceased from 1947, to Dec 1949, that I last saw the deceased alive on 12/28, 1949, and that death occurred at 12:01 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Specify) (Name or title) Shaukline MW.

23b. ADDRESS 1574 S. Jefferson Ave.

23c. DATE SIGNED 1-2-50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE JAN-3-50

24c. NAME OF CEMETERY OR CREMATORY Cottleville Mo.

24d. LOCATION (City, town, or county) (State) Cottleville Missouri

DATE REC'D BY LOCAL REG. JAN 3 1950

REGISTRAR'S SIGNATURE E. J. Schmur

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schmur 3125 Lafayette av.

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.

Student

Student Embalmer

Signed

Joseph B. Vallman

Licensed Embalmer No. *4014*

P.O. Address *3125 Lafayette Ave*

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.