V.S. No. 300
Rev. 10.48

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

FILED APR 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11137

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3037

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): 30 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4419 West Belle Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2119
d. STREET ADDRESS (If rural, give location): 4419 West Belle Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Lizzie
b. (Middle):
c. (Last): Stephens

4. DATE OF DEATH (Month) (Day) (Year): 3 28 1950

5. SEX: Female
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: 4-22-1869
9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working [redacted]en if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Birmingham, Ala.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Arthur Rabon
13b. MOTHER'S MAIDEN NAME: Rose unk.
14. NAME OF HUSBAND OR WIFE: Ben Stephens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unk.
17. INFORMANT'S SIGNATURE OR NAME: Rodessa Martin
ADDRESS: 4419 W. Belle

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) Uremia.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Interstitial Nephritis.
DUE TO (c)

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 days

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): 572X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/1, 1950 *to* 3/28, 1950, *that I last saw the deceased alive on* 3/28, 1950 *and that death occurred at* 8:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title)
23b. ADDRESS: 822 N. Jefferson
23c. DATE SIGNED: 3/30/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/1/50
24c. NAME OF CEMETERY OR CREMATORY: St. Peters Cem.
24d. LOCATION (City, town, or county) (State): St. Louis County

DATE REC'D BY LOCAL: MAR 31 1950
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR'S SIGNATURE: Boyd Bros. Fun. Home
ADDRESS: 3706 Finney

(Licensed Embalmer's Statement on Reverse Side)

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 Edward P. Flynn

Licensed Embalmer No. 4444

P. O. Address 4548a Pagl

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.)

Lu 7664

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