

FILED SEP 5 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

28708
 State File No. 7285

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS 2189</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. PAC. Hosp.</u>		18. STREET ADDRESS (If rural, give location) <u>3525 CAROLINE ST</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Otho</u>	b. (Middle) <u>Delmont</u>	c. (Last) <u>Stephenson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8 25 50</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>FEB. -10-1880</u>
9. AGE (In years last birthday) <u>70 YRS</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SWITCHMAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>R.R. TRAINMAN</u>	11. BIRTHPLACE (State or foreign country) <u>MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>FRANK STEPHENSON</u>	13b. MOTHER'S MAIDEN NAME <u>HANNAH HORD</u>	14. NAME OF HUSBAND OR WIFE <u>MARGARET STEPHENSON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Margaret Stephenson 3525 Caroline</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2da</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <u>Branchopneumonia.</u>	
II. 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"/>	
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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>332X</u>	
22. I hereby certify that I attended the deceased from <u>Aug 23, 1950</u> , to <u>Aug 25, 1950</u> , that I last saw the deceased alive on <u>Aug 25, 1950</u> , and that death occurred at <u>7:20 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Robert A. Luckstep M.D.</u> (Degree or title)	23b. ADDRESS <u>1755 So. Grand</u>	23c. DATE SIGNED <u>8:26-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>AUG 28-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HIRAM Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis City MO</u>
DATE REC'D BY LOCAL REG. <u>AUG 28 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. Foster</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. J. Schmur 3125 Lafayette av</u>	

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. Volkmann*

Licensed Embalmer No. *4014*

P. O. Address *3125 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.