

FILED OCT 19 1950

STANDARD CERTIFICATE OF DEATH

State File No. 35663

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4464 Registrar's No. 2751

4001

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Overland</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Overland</u>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <u>8921 Sycamore Court</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8921 Sycamore Court</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MRS. MYRTLE</u>	b. (Middle) <u>BELLE</u>	c. (Last) <u>STEVENS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 11, 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 2, 1891</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Dietrich, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Lewis</u>	13b. MOTHER'S MAIDEN NAME <u>Ella French</u>	14. NAME OF HUSBAND OR WIFE <u>Robert Stevens</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert Stevens</u>	ADDRESS <u>8921 Sycamore Court</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr. ??</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			20. AUTOPSY? <u>4201</u> YES <input type="checkbox"/> NO <input type="checkbox"/>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____
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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? _____
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22. I hereby certify that I attended the deceased from Sept 19 1950 to Oct 11 1950, that I last saw the deceased alive on 9-11 1950, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>S. Pawol, M.D.</u> (Degree or title)	23b. ADDRESS <u>Overland, Mo.</u>	23c. DATE SIGNED <u>10-12-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>October 14, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park, St. Louis Co. Mo.</u>	24d. LOCATION (City, town, or county) (State) _____
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DATE REC'D BY LOCAL REG. <u>OCT 11 1950</u>	REGISTRAR'S SIGNATURE <u>Herbert Rodonke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. A. Stock</u>	ADDRESS <u>2117 E. Grand Blvd.</u>
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RWR (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 Me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ray W Wilkinson

Licensed Embalmer No. 3575

P. O. Address St Louis Mo.

**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.