

FILED MAR 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6697  
State File No. 6697  
1564  
Registrar's No. 1564

318 1003

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <i>St. Louis, Missouri</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis 2119</i>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <i>2415 W. A. Fickel Ave.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis City Hospital #1</i>			

3. NAME OF DECEASED (Type or Print)	a. (First) <i>ENA</i>	b. (Middle)	c. (Last) <i>STEVENS</i>	4. DATE OF DEATH (Month) (Day) (Year)
				<i>FEB. 14 1951</i>

5. SEX <i>Female</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>Aug 23 1887</i>	9. AGE (In years last birthday) <i>63</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (If varied, list most of work during life) <i>School teacher</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Arkansas</i>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <i>John Davis</i>	13b. MOTHER'S MAIDEN NAME <i>Hona Eastman</i>	14. NAME OF HUSBAND OR WIFE <i>Chas. Stevens</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>C. Stevens</i>	ADDRESS <i>2415 Lafay</i>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebrovascular Accident</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Atherosclerosis</i> DUE TO (c) <i>Diabetes Mellitus</i>		
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"/>
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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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Head X</i>
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22. I hereby certify that I attended the deceased from *2-13-51*, 19\_\_\_, to *2-14-51*, 19\_\_\_, that I last saw the deceased alive on *2-14-51*, 19\_\_\_, and that death occurred at *9:45 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>J. B. Roster</i>	23b. ADDRESS <i>1515 Lafayette Avenue</i>	23c. DATE SIGNED <i>2-14-51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>2/17/51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>
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DATE REC'D BY LOCAL <i>FEB 16 1951</i>	REGISTRAR'S SIGNATURE <i>J. B. Roster</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>SULLIVAN FUNERAL DIR. 2849 N. 10th</i>	ADDRESS
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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

*Robert L. Brinkman*

Licensed Embalmer No. *3553*

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.