

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18588

State File No. \_\_\_\_\_

FILED JUN 6 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4664**

3

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

<b>1. PLACE OF DEATH</b> a. COUNTY _____		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <b>26 2309 Hadley St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Enroute City Hospital</b>			
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Lyman</b> b. (Middle) _____ c. (Last) <b>Stephens</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>May 19, 1952</b>	
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widower</b>	<b>8. DATE OF BIRTH</b> <b>Aug. 31, 1874</b>
<b>9. AGE</b> (In years last birthday) <b>77</b>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Illinois</b>
<b>10a. USUAL OCCUPATION</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.</b>
<b>13a. FATHER'S NAME</b> <b>Levi Stephens</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Unknown</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Belle</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. Clarence Hawkins</b>
		<b>ADDRESS</b> <b>2309 Hadley St</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		<b>MEDICAL CERTIFICATION</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Strangulation due to hanging when deceased was found hanging by the neck by a rope from an electric conduit inside in the basement of his house at 2309 Hadley St on May 19, 1952 at about 4:44 pm</b>		INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>			
II. OTHER SIGNIFICANT CONDITIONS <b>same at 2309 Hadley St</b>		Conditions contributing to the death but not related to the disease or condition causing death <b>on May 19, 1952 at about 4:44 pm</b>	
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>4:44 pm</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>21a. ACCIDENT</b> (Specify) <b>suicide</b>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <b>May 19 52 4:44</b>	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>E-974X</b>	
<b>22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <b>Patrick L. Gaynes, M.D.</b>		<b>23b. ADDRESS</b> <b>1300 Clark</b>	<b>23c. DATE SIGNED</b> <b>5-20-52</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	<b>24b. DATE</b> <b>5-20-52</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Taylorville, Ill.</b>
<b>DATE REC'D BY LOCAL</b> <b>MAY 20 1952</b>	<b>REGISTRAR'S SIGNATURE</b> <b>J. Carl Smith, M.D.</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Albert H. Hoppe</b>	
		<b>ADDRESS</b> <b>4700 Washington Blvd</b>	

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 Mc

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed Edwin M. Penelias

Licensed Embalmer No. 4283

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.