

No. 300
10.48

REC'D JUL 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23205**
Registrar's No. **1722**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 500		Registrar's No. 1722	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) Lemay		c. LENGTH OF STAY (in this place) 5 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Lemay		4000	
d. FULL NAME OF HOSPITAL OR INSTITUTION 732 Reed				f. STREET ADDRESS (If rural, give location) 732 Reed			
3. NAME OF DECEASED (Type or Print) a. (First) Everett b. (Middle) J c. (Last) Stevens			4. DATE OF DEATH (Month) (Day) (Year) June 24 1952				
5. SEX Male <input type="radio"/> Female <input type="radio"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 23 1906	
9. AGE (in years last birthday) 46		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern Owner		10b. KIND OF BUSINESS OR INDUSTRY TAVERN		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo. U	
12. CITIZEN OF WHAT COUNTRY? USA.		13a. FATHER'S NAME Henry Stevens		13b. MOTHER'S MAIDEN NAME Lottie Banks		14. NAME OF HUSBAND OR WIFE Ruth	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 702-05-0302		17. INFORMANT'S SIGNATURE OR NAME Ruth Stevens 732 Reed			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) unknown natural causes ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 unk
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7955				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?			
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.							
23a. SIGNATURE Herbert R. Domke (Degree or title) Herbert R. Domke, M. D., Local Registrar				23b. ADDRESS 651 S. Brentwood, Clayton		23c. DATE SIGNED 6-30-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-26-1952		24c. NAME OF CEMETERY OR CREMATORY Sunset		24d. LOCATION (City, town, or county) (State) Affton Mo.	
DATE REC'D BY LOCAL REG. 6-25-52		REGISTRAR'S SIGNATURE Herbert R. Domke MD		25. FUNERAL DIRECTOR'S SIGNATURE Jos. P. Fendler Jr.		ADDRESS 7128 Michigan	

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

SW (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 W E Morris

Licensed Embalmer No. 3360

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.