

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **23206**

FILED JUN 21 1952

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 500		Registrar's No. 1532			
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bel-Mor		c. LENGTH OF STAY (in this place) 1 day		3. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vinita Park		4. DATE OF DEATH (Month) (Day) (Year) June 10, 1952			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3064 Delavan				d. STREET ADDRESS (If rural, give location) 8031 Madison - Vinita Terrace					
3. NAME OF DECEASED (Type or Print) NELLIE		a. (First)		b. (Middle)		c. (Last) STEVENSON			
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2		8. DATE OF BIRTH 10/23/1874			
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS Hours Mins.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY own home			11. BIRTHPLACE (City and State or Foreign Country) Toronto, Canada 2			
12. CITIZEN OF WHAT COUNTRY? U.S.			13a. FATHER'S NAME John McCool		13b. MOTHER'S MAIDEN NAME Sarah Bell		14. NAME OF HUSBAND OR WIFE Michael Stevenson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Byron B. Fossieck, 8031 Madison			ADDRESS	
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) Myo Coronary Thrombosis				INTERVAL BETWEEN ONSET AND DEATH 6 hrs	
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.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 Jan 1, 1952 , to June 10, 1952 , that I last saw the deceased alive on June 10, 1952 , and that death occurred at 1:10 P.m. , from the causes and on the date stated above.									
23a. SIGNATURE C. E. Sterling MD				23b. ADDRESS 2050 North South Rd, St Louis Mo		23c. DATE SIGNED 6-11-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 6/13/52		24c. NAME OF CEMETERY OR CREMATORY St. Peter's		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
DATE REC'D BY LOCAL REG. 6-11-52		REGISTRAR'S SIGNATURE Herbert P. ...		25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Sons, 6175 Delmar					

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

Dr CE Sterling
2050 N4 S Rd
Wi 2624

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 E McCulloch
Licensed Embalmer No. 2460

P. O. Address 2175 Dillman

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.