

No. 300
10. 48

FILED JUL 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26589

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1813

1. PLACE OF DEATH
a. COUNTY St. Louis 3
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLAYTON
c. LENGTH OF STAY (In this place) DOX
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS COUNTY HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).
a. STATE Illinois b. COUNTY St. Clair
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN E. St. Louis 8120
d. STREET ADDRESS (If rural, give location) 3118 Collinsville Road

3. NAME OF DECEASED
a. (First) Marcia b. (Middle) Mae c. (Last) Stephens

4. DATE OF DEATH (Month) (Day) (Year) 6/30/1952

5. SEX Female 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH 6/2/1933

9. AGE (In years last birthday) 19 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cutter

10b. KIND OF BUSINESS OR INDUSTRY St. Louis Curtain Co.

11. BIRTHPLACE (State or foreign country) E. St. Louis, Ill.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Harry R. Stephens

13b. MOTHER'S MAIDEN NAME Bridget E. Erwin

14. NAME OF HUSBAND OR WIFE None

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. 330-26-8840

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jim Budget Stephens 3118 Collinsville E. St. Louis, Ill

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) Drowning. Body recovered in 10 feet of water in the Meramec River across from Kirkwood Waterworks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) across from Kirkwood Waterworks
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

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION E929.8

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) River

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rural 400 St. Louis Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6/30/52 4:38^{PM}

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? Drowned while swimming in Meramec River

22. I hereby certify that I attended the deceased from 3, 1952, to 30, 1952, that I last saw the deceased alive on 30, 1952, and that death occurred at 4:38 m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) Arnold J. Willmann Coroner

22b. ADDRESS Clayton, Mo.

22c. DATE SIGNED 7/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 7/2/52

24c. NAME OF CEMETERY OR CREMATORY E. St. Louis, Ill.

24d. LOCATION (City, town, or county) (State) E. St. Louis Ill.

DATE REC'D BY LOCAL REG. 7-2-52

REGISTRAR'S SIGNATURE Herbert L. Dombke MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Harry Robins E. St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.