

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 29145
182

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 6051		Registrar's No. 182			
1. PLACE OF DEATH a. COUNTY ST. CHARLES 0920 b. CITY (If outside corporate limits, write RURAL and give township) ST. CHARLES RURAL c. LENGTH OF STAY (in this place) 22 YEARS d. FULL NAME OF (If not in hospital or institution, give street address or location) EVANGELICAL ENNAUS HOME				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS 454 c. CITY (If outside corporate limits, write RURAL and give township) MAPLEWOOD d. STREET ADDRESS (If rural, give location) 3516 MANHATTAN					
3. NAME OF DECEASED a. (First) DOROTHY b. (Middle) LAURA BERTHA c. (Last) STEVENER			4. DATE OF DEATH SEPT. 8, 1952		5. SEX FEMALE		6. COLOR OR RACE WHITE		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH OCT. 31, 1908		9. AGE (In years last birthday) 43		10. IF UNDER 1 YEAR Months 10 Days 9		11. IF UNDER 2 HRS. Hours 9 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE			10b. KIND OF BUSINESS OR INDUSTRY NONE			11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI O		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME W.F. STEVENER			13b. MOTHER'S MAIDEN NAME EDNA SCHLUER			14. NAME OF HUSBAND OR WIFE NONE			
15. WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD (Yes, no, or unknown) (If yes, give war or date of service) NO			16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Theophil Stolken, ST. CHARLES, Mo.				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Status Epilepticus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Epilepsy DUE TO (c) Gen Arterio sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 3 day 42 hrs 10 yr	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 3532						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) (Minute)		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 1930, 19 to Sept 8, 1952 that I last saw the deceased alive on Sept 2, 1952 and that death occurred at 12:35 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE A.P. Erich Schult (Degree or title) M.D.				23b. ADDRESS St. Charles Mo.		23c. DATE SIGNED 9/8/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-11-52		24c. NAME OF CEMETERY OR CREMATORY ST. PETERS CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO			
DATE REC'D BY LOCAL REG. 9-10-52		REGISTRAR'S SIGNATURE Travis Hamilton		25. FUNERAL DIRECTOR'S SIGNATURE JAY B SMITH ADDRESS 7456 MANCHESTER, MAPLEWOOD 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 H. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.