

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30083

State File No. _____
Registrar's No. 8030

~~7150~~ SEP 8 - 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>2199</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>0</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis</u> <u>0</u>	
c. LENGTH OF STAY (In this place) <u>4 days</u>		d. STREET ADDRESS (If rural, give location) <u>19 4238 A Olive</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Baptist Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Drenning</u> b. (Middle) <u>L.</u> c. (Last) <u>Stevenson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 23 52</u>		
5. SEX <u>F</u> / <u>W</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow 2</u>	
8. DATE OF BIRTH <u>5-19 82</u>		9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>house wife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mississippi /</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Wm. Lanier</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Harry B. (Deceased)</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service)		16. SOCIAL SECURITY NO. <u>487-18-8600</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lee Weber</u>	
				ADDRESS <u>5352 Sunshine Drive</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or condition which caused death.		ANTECEDENT CAUSES Morbid conditions of any, giving rise to the above (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>	
OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <u>Tricuspid regurg. Aug 14-52</u>	

19. DATE OF OPERATION <u>8/25/52</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ASSIDENT 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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4201</u>	
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22. I hereby certify that I attended the deceased from Dec 7, 1951, to Aug 55, 1952, that I last saw the deceased alive on Aug 55, 1952, and that death occurred at 7:10 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. A. Brown, M.D.</u>		23b. ADDRESS <u>3903 Olive</u>		23c. DATE SIGNED <u>8/25/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremation</u>		24b. DATE <u>8-25-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mol. Crematory</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>	

DATE REC'D BY LOCAL REG. <u>AUG 25 1952</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Schumacher Funeral Home</u>	
				ADDRESS <u>3013 merame</u>	

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

W. Jackson Brown
3903 Olive St

Wed 10.11

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

Jack H. Hays

Licensed Embalmer, No.

4746

P. O. Address

St. Francis

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.