

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **36883**
 Registrar's No. **9693**

FILED NOV 12 1952

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9693	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		2232	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2432 Mc Nair Av				d. STREET ADDRESS (If rural, give location) 23 2432 Mc Nair Av			
3. NAME OF DECEASED (Type or Print) a. (First) Ella		b. (Middle) _____		c. (Last) Stevens		4. DATE OF DEATH (Month) (Day) (Year) Oct 20 1952	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH Dec 18 1895	
9. AGE (in years last birthday) 56		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. 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 _____			11. BIRTHPLACE (City and State or Foreign Country) St Louis Missouri	
12. CITIZEN OF WHAT COUNTRY? U S		13a. FATHER'S NAME Joseph Skovanez		13b. MOTHER'S MAIDEN NAME Katherine Shiebel		14. NAME OF HUSBAND OR WIFE Rolla	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rolla Stevens 2432 Mc Nair Av			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coriase dilatation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Carcinomatosis DUE TO (c) Adeno Carcinoma Intestine primary II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Smyocarditis Sarcotite				INTERVAL BETWEEN ONSET AND DEATH 1 day Aug. 1952 May 1944 Aug 1952	
19a. DATE OF OPERATION Sept 12 52		19b. MAJOR FINDINGS OF OPERATION Generalized Carcinoma				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		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) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 153X			
22. I hereby certify that I attended the deceased from Apr. 10 1942 , to Oct 20 1952 , that I last saw the deceased alive on Oct 19 1952 , and that death occurred at 7:30 A. M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. Jacob Lueck MD				23b. ADDRESS 2767 Garrison St		23c. DATE SIGNED 10-21-52	
24a. BURIAL / CREMATION REMOVAL (Specify) Burial		24b. DATE 10/23/52		24c. NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul Cem		24d. LOCATION (City, town, or county) (State) St Louis Missouri	
DATE REC'D BY LOCAL REG. OCT 21 1952		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Moydell Funeral Home 1926 Allen Av			

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

Dale A. Strouman

Licensed Embalmer No.

4533

P. O. Address

+ 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.