

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

36884

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State File No.

9306

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>St. Louis, Mo</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place) <u>38 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		2052			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Pac. Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>4703 LABADIE</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JAMES</u>		b. (Middle) —		c. (Last) <u>STEVENS</u>			
4. DATE OF DEATH		(Month)		(Day)		(Year)			
<u>10</u>		<u>4</u>		<u>52</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>C</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>10/13/1900</u>			
9. AGE (In years last birthday) <u>51</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 WEEK Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PORTER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD MAN</u>			11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS MO</u>			
12. CITIZEN OF WHAT COUNTRY? —		13a. FATHER'S NAME <u>Christ Stevens</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Cole</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel Stevens</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ethel Stevens 4307 Labadie</u>					
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) <u>MILIARY TUBERCULOSIS</u>				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES 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 —				20. AUTOPSY? YES <input checked="" 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) (Min.) —		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>019.2</u>					
22. I hereby certify that I attended the deceased from <u>8/27</u> , 19 <u>52</u> , to <u>10/4</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>10/4</u> , 19 <u>52</u> , and that death occurred at <u>4:20 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>P.P. Rougan, M.D.</u>				23b. ADDRESS <u>Mo. Pac. Hosp</u>		23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>		24b. DATE <u>Oct 8/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cornpton Texas</u>		24d. LOCATION (City, town, or county) (State) <u>Delmar</u>			
DATE REC'D BY LOCAL REG. <u>OCT 8 1952</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F. G. Kean 4214 Delmar</u>					

(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 _____

working under my personal supervision.

Student Embalmer No.

Signed

F. C. Green

Signed.....
Student Embalmer

Licensed Embalmer No. *2963*

P. O. Address *4214 Delmar*

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.