

No. 300
10.48

FILED JAN 28 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3809

State File No.

318

1003

Registrar's No. 0422

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5012 Miami St.		d. STREET ADDRESS (If rural, give location) 5012 Miami St.	

3. NAME OF DECEASED (Type or Print) a. (First) LILLIE			b. (Middle) J.			c. (Last) STEPHENS			4. DATE OF DEATH (Month) (Day) (Year) Jan. 14, 1953				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct. 29, 1867			9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) Warrick County, Indiana.			12. CITIZEN OF WHAT COUNTRY? U.S.		

13a. FATHER'S NAME John Perigo			13b. MOTHER'S MAIDEN NAME Isabel Rhodes			14. NAME OF HUSBAND OR WIFE Late Charles R. Stephens					
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.			17. INFORMANT'S SIGNATURE OR NAME Mrs. Alta Hochmeister-5012 Miami St.			ADDRESS		

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) Arterio sclerotic heart disease							INTERVAL BETWEEN ONSET AND DEATH 70 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis								
		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 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200	
---	--	--	--	---------------------------------	--

22. I hereby certify that I attended the deceased from 4/4 1947, to 1/4 1953, that I last saw the deceased alive on 1/1 1953, and that death occurred at 7:00A m., from the causes and on the date stated above.

23a. SIGNATURE J. Moskops, M.D. (Degree or title)			23b. ADDRESS 3554 VICTOR ST. (4)			23c. DATE SIGNED 1/14/53		
---	--	--	----------------------------------	--	--	--------------------------	--	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (MIA)		24b. DATE 1/14/53		24c. NAME OF CEMETERY OR CREMATORY Oak Hill		24d. LOCATION (City, town, or county) (State) Boonville, Ind.	
---	--	-------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. 1 JAN 14 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser-4228 S. Kingshighway Bl.	
--	--	--	--	--	--

(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

William B White

Licensed Embalmer No. *4291*

P. O. Address

4228 S. Craig Highway

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.