

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34134
9470

State File No. _____
Registrar's No. _____

FILED OCT 15 1953

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>2169</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>EMERITE CITY HOSP.</u>		e. STREET ADDRESS (If rural, give location) <u>16 3522 A HUMPHREY</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>BERTHA</u> b. (Middle) c. (Last) <u>STEVENS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 1 53</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE 0</u>	8. DATE OF BIRTH <u>10-1-1908</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SECY-SENACK</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>SHOE CO.</u>	9. AGE (In years last birthday) <u>45</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SECY-SENACK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SHOE CO.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MO. 0</u>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>HENRY J. STEVENS</u>	
13b. MOTHER'S MAIDEN NAME <u>ANNA KISSELL</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>HILDA STEVENS</u>		ADDRESS <u>3522 A HUMPHREY</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES DUE TO (b) <u>Cerebral Apoplexy</u> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		<u>334X</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at <u>4:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Patrick E. Taylor-Cosner</u> (Type or title)		23b. ADDRESS <u>1300 Clark</u>	
23c. DATE SIGNED <u>10.2.53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>10-5-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>S/S PETER + PAUL</u>	
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>KRIEGSHAUSER</u> ADDRESS <u>4778 S. KINGSHIGHWAY</u>	
DATE REC'D BY LOCAL REG. <u>OCT 2 1953</u>		REGISTRAR'S SIGNATURE <u>Carl Smith Mo.</u>	

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.....
Signature of Student Embalmer

Signed..... *Richard W. Stovesan*

Licensed Embalmer No..... 400

P. O. Address

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.