

FILED OCT 27 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37625**
Registrar's No. **8837**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | State File No. 37625 | | Registrar's No. 8837 | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE Missouri b. COUNTY St. Louis | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | | c. LENGTH OF STAY (In this place) 10 days | | c. CITY OR TOWN Richmond Hts. | | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Anthony's Hospital | | | | | e. STREET ADDRESS (If rural, give location) 1326 Highland Terrace | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) SAMUEL | | | b. (Middle) J. | | c. (Last) STEVENS | | | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 10, 1953 | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, DIVORCED, OR WIDOWED (Specify) Married | | 8. DATE OF BIRTH Dec. 30, 1882 | | 9. AGE (In years last birthday) 70 | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman | | | 10b. KIND OF BUSINESS OR INDUSTRY N.O. Nelson Supplies | | | 11. BIRTHPLACE (City and State, or Foreign Country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
| 13a. FATHER'S NAME John Stevens | | | 13b. MOTHER'S MAIDEN NAME Margaret Casey | | | 14. NAME OF HUSBAND OR WIFE Ann Stevens | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Ann Stevens, 1326 Highland Ter. | | | | ADDRESS | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease 4 yrs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. | | | | | | INTERVAL BETWEEN ONSET AND DEATH 4 yrs | | |
| 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) 420.0 | | | | | |
| 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? | | | | | |
| 22. I hereby certify that I attended the deceased from Nov 9 1947 , to Sept 10, 1953 , that I last saw the deceased alive on Sept 9, 1953 , and that death occurred at 9 A.M. , from the causes and on the date stated above. | | | | | | | | | | |
| 23a. SIGNATURE <i>[Signature]</i> | | | | | 23b. ADDRESS 5203 Chippewa Street | | | 23c. DATE SIGNED 9-10-53 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 9-14-53 | | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | | | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri | | | |
| DATE REC'D BY LOCAL REG. SEP 11 1953 | | REGISTRAR'S SIGNATURE <i>[Signature]</i> | | | 25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> ADDRESS Stock Mortuaries, 2117 E. Grand Bl. | | | | | |

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

m.g.B. (Licensed Embalmer's Statement on Reverse Side)

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 *J. Wm Binkley*.....

Licensed Embalmer No. *365*

P. O. Address. *St. Louis 8*

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.