

FILED JAN 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3552

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 190 Registrar's No. 106

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| 1. PLACE OF DEATH a. COUNTY ST. LOUIS | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Louis, Mo. | |
| b. CITY (If outside corporate limits, write RURAL and give township) GLENDALE | | c. LENGTH OF STAY (In this place) 20 years | c. CITY OR TOWN Glendale 465 1/2 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 212 EDWIN AVE | | e. STREET ADDRESS (If rural, give location) 212 Edwin Ave., | |

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|-------------------------------------|--------------------------|-----------------------------|------------------|---------------------|------------------|--------------------|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | | |
| a. (First) MARTHA | b. (Middle) WITKE | c. (Last) STEVENSON. | DATE OF DEATH | (Month) JAN. | (Day) 12, | (Year) 1954 |

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|----------------------|-------------------------------|---|--------------------------------------|---|------------------------|-----------------------|------------------------|-----------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Dec. 7, 1905 | 9. AGE (In years last birthday) 48 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 24 HRS. Hours | IF UNDER 24 HRS. Min. |
|----------------------|-------------------------------|---|--------------------------------------|---|------------------------|-----------------------|------------------------|-----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher, | 10b. KIND OF BUSINESS OR INDUSTRY High school | 11. BIRTHPLACE (City and State or Foreign Country) Columbus Ohio. | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME William Witke. | 13b. MOTHER'S MAIDEN NAME Wilhelmina Hell. | 14. NAME OF HUSBAND OR WIFE John S. Stevenson. |
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| 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. none | 17. INFORMANT'S SIGNATURE OR NAME Mr. John S. Stevenson, | ADDRESS Glendale, Mo. |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis | | 1 day |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial ischemia | | 1 week. |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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|--|--|--|----------|---------|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) no | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) 4201 | (COUNTY) | (STATE) |
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| 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? |
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22. I hereby certify that I attended the deceased from **5-26 - 1947**, to **1-12 - 1954**, that I last saw the deceased alive on **1-8 - 1954**, and that death occurred at **9 Am.**, from the causes and on the date stated above.

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| 23a. SIGNATURE D. Rindlinghaus | (Degree or title) | 23b. ADDRESS 5203 Clippers | 23c. DATE SIGNED 1-12-54 |
|---------------------------------------|-------------------|-----------------------------------|---------------------------------|

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|--|----------------------------|------------------------------------|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 1/14/1954 | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) Columbus, Ohio |
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| DATE REC'D BY LOCAL REG. 1/13/54 | REGISTRAR'S SIGNATURE Hebert R. Spake MD | 25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons | ADDRESS 7233 Delmar Blvd., |
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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 *Clarence H. Murray*

Licensed Embalmer No. *40111*

P. O. Address *St. Louis*

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.