

FILED JUL 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21306**  
Registrar's No. **5534**

**318**

**1003**

**2129**

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's 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 OR TOWN) St. Louis		c. LENGTH OF STAY (in this place) 1mo		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital				H. STREET ADDRESS (If rural, give location) Masonic Home Of Mo. 5351 Delmar			
3. NAME OF DECEASED (Type or Print) Florence Emma Stedman			a. (First) Emma			b. (Middle) Stedman	
4. DATE OF DEATH June 20, 1954		5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Feb. 13, 1861		9. AGE (In years last birthday) 93yrs		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE Monroe Co., Ind.		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Anannias Branham		13b. MOTHER'S MAIDEN NAME Esther E. Summet	
14. NAME OF HUSBAND OR WIFE John L. Stedman		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year of date of service) No none		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Lewis Robertson Supt. Masonic Home Of Mo. 5351 Delmar	
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, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolus. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture Rt Femur. DUE TO (c) OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 min. 4 wks.	
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) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Masonic Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.		21d. TIME OF INJURY 5/21/54 8:20 AM	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell from chair. E902.7					
22. I hereby certify that I attended the deceased from 5/24, 1954, to 6/20, 1954, that I last saw the deceased alive on 6/20, 1954, and that death occurred at 9:15 P.M., from the causes and on the date stated above. 45							
23a. SIGNATURE Allen D. Rhoads M.D.				23b. ADDRESS 5335 Delmar, St. Louis 12 Mo.		23c. DATE SIGNED 6/21/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE June 21, 1954		24c. NAME OF CEMETERY OR CREMATORY Kansas City Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. JUN 21 1954		REGISTRAR'S SIGNATURE J. C. Smith			25. FUNERAL DIRECTOR'S SIGNATURE W. A. Alexander		
					ADDRESS 75 Delmar		

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 jos. E. McCulloh

Licensed Embalmer No. 2960

P. O. Address 6155 Palmer

(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.