

FILED AUG 6 - 1954

STANDARD CERTIFICATE OF DEATH

25283  
State File No. 7064

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7064**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Mo.** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) **St. Louis** c. LENGTH OF STAY (in this place) **1yr 2mo 2**  
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis Chronic Hospital** e. STREET ADDRESS (If rural, give location) **5800 Arsenal St.** **21290**

3. NAME OF DECEASED (Type or Print) a. (First) **George** b. (Middle) **H.** c. (Last) **Stephens.** 4. DATE OF DEATH (Month) (Day) (Year) **July 29 1954**

5. SEX **male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDWED, DIVORCED (Specify) **single** 8. DATE OF BIRTH **August 23, 1873** 9. AGE (In years last birthday) **80** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Care taker** 10b. KIND OF BUSINESS OR INDUSTRY **Unknown** 11. BIRTHPLACE (City and State or Foreign Country) **Mo. St. Charles, Co., Mo.** 12. CITIZEN OF WHAT COUNTRY? **0**

13a. FATHER'S NAME **John Stephens** 13b. MOTHER'S MAIDEN NAME **Wilhelmina Heitgerd** 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **none** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Henry E. Lammers** ADDRESS **3517 Belaire Normandy, Mo.**

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) **Generalized arteriosclerosis** INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) **Arthritis**  
DUE TO (c) **Peripheral vascular disease.**  
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  NO

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) (Minute) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **4533**

22. I hereby certify that I attended the deceased from **May 8**, 19**53**, to **July 29**, 19**54**, that I last saw the deceased alive on **July 29, 1954** and that death occurred at **8:45 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Palmer Norman Bowditch M.D.** (Degree or title) **0** 23b. ADDRESS **5800 Arsenal St.** 23c. DATE SIGNED **7-30-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **removal** 24b. DATE **8-1-54** 24c. NAME OF CEMETERY OR CREMATORY **Oak Grove Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Charles, Missouri**

DATE REC'D BY LOCAL REG. **JUL 30 1954** REGISTRAR'S SIGNATURE **J. Carl Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **W. C. Dellmeyer + Son** ADDRESS **St. Charles, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Frank R. Amalson*

Licensed Embalmer No. *48*

P. O. Address *St. Charles*

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.