

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25287**
Registrar's No. **6082**

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6082			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY					
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St Louis		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 Homer G. Phillips Hospital				e. STREET ADDRESS 1104 N. Hadley		2259			
3. NAME OF DECEASED (Type or Print) a. (First) Reola			b. (Middle)		c. (Last) Stevenson		4. DATE OF DEATH (Month) (Day) (Year) 7 1 54		
5. SEX F		6. COLOR OR RACE C		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED		8. DATE OF BIRTH 5-7-1916		9. AGE (In years last birthday) 38 Months 1 Days 23	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY Nil		11. BIRTHPLACE (City and State or Foreign Country) ARK.		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME Geo. Stevenson			13b. MOTHER'S MAIDEN NAME LIDA			14. NAME OF HUSBAND OR WIFE CISRO STEVENSON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Minley Mc Hill			ADDRESS 3831 Cook	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myelogenous Leukemia				INTERVAL BETWEEN ONSET AND DEATH Undt.	
				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 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)				
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? 2041					
22. I hereby certify that I attended the deceased from 6-21 , 1954 , to 7-1-54 , 19 54 , and that death occurred at 9:00P m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) E. B. Williams M.D.				23b. ADDRESS 2601 N. Whittier		23c. DATE SIGNED 7-2-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 7-7-54		24c. NAME OF CEMETERY OR CREMATORY GREENWOOD Cem		24d. LOCATION (City, town, or county) (State) Wellston MO			
DATE REC'D BY LOCAL REG. JUL 6 1954		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE W. F. Walton		ADDRESS 2707 Stedden			

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 *W. Claude Gordon*.....

Licensed Embalmer No. *348*

P. O. Address *4575 All*

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.