FILED OCT 28 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 38198

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9244

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St.Louis — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION: Christian Hospital — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St.Louis
c. CITY OR TOWN: University City — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 6600 Washington — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Mary Middle: Last: Stevenson

4. DATE OF DEATH: Month October Day 2 Year 1957

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: July 4, 1876
9. AGE (In years last birthday): 81 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Red Bud, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: John Heldig
13b. MOTHER'S MAIDEN NAME: Arthelia Wolfe
14. NAME OF HUSBAND OR WIFE: John Stevenson

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.: Unknown
17. INFORMANT: Mrs.Myrtle J.Sprague, Address: 6600 Washington

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Exacerbation of — INTERVAL BETWEEN ONSET AND DEATH: 12 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic Cholecystitis with Cholelithiasis — Over 2 mo.
~~DUE TO (c)~~ Choledochotomy done 9/27/57
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerotic Cardiovascular Disease
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 584X
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9/25/57 to 10/2/57 and last saw her/him alive on 10/2/57
Death occurred at 11:55 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Joshua E. Juren M.D. (Degree or title)
22b. ADDRESS: 602 N. Grand Blvd
22c. DATE SIGNED: 10/3/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 10-3-57
23c. NAME OF CEMETERY OR CREMATORY: St.Johns Cemetery
23d. LOCATION (City, town, or county) (State): St.Louis Co., Mo.

24. FUNERAL DIRECTOR: Albert H.Hoppe, ADDRESS: 4700 Washington Blvd.
25. DATE RECD. BY LOCAL REG.: OCT 3 '57
26. REGISTRAR'S SIGNATURE: J Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Health, & Welfare Public Service

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 G. W. Wilkinson

Licensed Embalmer No. 3571

P. O. Address [illegible]

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.