

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038252

STATE FILE NUMBER

FILED OCT 27 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9595

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Olivette 4000
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hosp.		Length of stay in 1b 4 weeks	d. STREET ADDRESS (If outside, give location) 27 6 Ramsgate
3. NAME OF DECEASED (Type or print) First Middle Last Margaret Anderson Stebbins			4. DATE OF DEATH Month Day Year Oct. 6, 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 18, 1902
9. AGE (In years last birthday) 55		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) Secretary--U. S.		10b. KIND OF BUSINESS OR INDUSTRY Fidelity Co.	11. BIRTHPLACE (City and state or country) Dallas, Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John C. Anderson	
13b. MOTHER'S MAIDEN NAME Harriet Eason		14. NAME OF HUSBAND OR WIFE Floyd G. Stebbins	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 463-22-8533	17. INFORMANT Floyd G. Stebbins Address 6 Ramsgate
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of kidney</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<u>180x</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <u>July 1958</u> to <u>Oct 6 58</u> and last saw her alive on <u>Oct 6, 1958</u> Death occurred at <u>2:15</u> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Ernest T. Rouse M.D.</u> (Degree or title)		22b. ADDRESS <u>100 N. Euclid - St. Louis</u>	22c. DATE SIGNED <u>10/6/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	23b. DATE <u>10/7/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Restland Memorial Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Dallas, Texas</u>
24. FUNERAL DIRECTOR <u>Alexander & Sons 6175 Delmar Blvd.</u>		25. DATE RECD. BY LOCAL REG. <u>OCT 7 '58</u>	26. REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300
1-57

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 *James E. McCullough*

Licensed Embalmer No. *2464*

P. O. Address *6173 Delmar*

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.