

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038259

STATE FILE NUMBER

9954

FILED OCT 30 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Saint Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Saint Louis</i>		c. CITY OR TOWN <i>Saint Louis</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>City Hospital #1</i>		d. STREET ADDRESS (If outside, give location) <i>2119 4577a Easton</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Robert Stepter</i>		4. DATE OF DEATH Month Day Year <i>October 15, 1958</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>October 25, 1911</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>Mon. Chemical Co. Alabama</i>	12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
13a. FATHER'S NAME <i>Unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Mrs. Minnie Stepter</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT Address <i>Mrs. Minnie Stepter 4577a Easton Avenue</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Internal Hemorrhage.</i>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS PRECEDING OR CONTRIBUTING TO DEATH (Do not include conditions listed in Part I.) <i>Following gunshot wound of neck suffered when shot with .45 caliber revolver in the vicinity of 2138 Walnut St., about 1030 p.m. October 16, 1958.</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home St Louis Mo.</i>	
20c. TIME OF INJURY Hour Month, Day, Year <i>1030 p.m. October 16, 1958.</i>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deed or 1/19) <i>James M. Kelly Esq. Deputy 3</i>		22b. ADDRESS <i>1300 Clark</i>	
22c. DATE SIGNED <i>10-18-58</i>		23d. LOCATION (City, town, or county) (State) <i>Kirkwood, Missouri</i>	
23a. BURIAL CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Oct. 20, '58</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Father Dickson Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Kirkwood, Missouri</i>	
24. FUNERAL DIRECTOR <i>C. B. Moore</i>		25. DATE RECD. BY LOCAL REG. <i>OCT 18 1958</i>	
24. ADDRESS <i>1221 North Grand</i>		26. REGISTRAR'S SIGNATURE <i>J. Earl Smith - md</i>	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 

Licensed Embalmer No. 4755

P. O. Address ... 1221 North Grand ...

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.

1927