

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038405

STATE FILE NUMBER

FILED OCT 20 1958

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 2610

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Macon		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton, Missouri.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Decatur		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hospital		Length of stay in 1b 6 hrs	d. STREET ADDRESS 2043 West Main Street,		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Thomas Middle Eugene Last Stevens			4. DATE OF DEATH Month 10 Day 10 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 30, 1937	9. AGE (In years last birthday) 21	IF UNDER 1 YEAR Months 10 Days 10 Hours 10 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY Washington University	11. BIRTHPLACE (City and state or country) Lafayette, Indiana.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Glen Stevens		13b. MOTHER'S MAIDEN NAME Ruby Stephenson		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address Glen Stevens, Decatur, Illinois.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brain Stem Damage-Severe; Ruptured Urinary Bladder					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Multiple Traumatic Bodily Injuries					
DUE TO (c) Fractured Pelvis					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fractured Pelvis					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Passenger in car of which the driver lost control			
20c. TIME OF INJURY Hour 3:00 a.m. 10-10-58		and which struck a large tree			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		20f. CITY, TOWN, OR LOCATION Clayton St. Louis Mo.	
21. I attended the deceased from 10-10-1958 to 10-10-1958 and last saw ^{her} him alive on 10-10-1958 Death occurred at 10:00 9:30am A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J. H. Garrison, Jr. M.D.			22b. ADDRESS 601 S. Brentwood, Clayton		22c. DATE SIGNED 10-10-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-10-58	23c. NAME OF CEMETERY OR CREMATORY Local		23d. LOCATION (City, town, or county) (State) Decatur, Illinois.
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd.		25. DATE RECD. BY LOCAL REG. 10-12-58		26. REGISTRAR'S SIGNATURE Herbert R. Danke M.D.	

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 *Robert M Murray*

Licensed Embalmer No. *3749*

P. O. Address *St Louis, Mo*

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.