

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042308

STATE FILE NUMBER

FILED NOV 18 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9784

300
1-57

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Affton <i>4470</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp.		d. STREET ADDRESS (If outside, give location) 27 9110 Pueblo Dr.	
3. NAME OF DECEASED (Type or print) First Middle Last GERTRUDE U. STEVENS		4. DATE OF DEATH Month Day Year Oct. 10 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 Jan. 12, 1901
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
13a. FATHER'S NAME William Pfaff Sr.		13b. MOTHER'S MAIDEN NAME Mary Dohack	14. NAME OF HUSBAND OR WIFE Marvin Stevens
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name, unknown) (If yes, give grade or dates of service) No None		16. SOCIAL SECURITY NO. 496-20-8727	17. INFORMANT Address Marvin Stevens 9110 Pueblo Dr.
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>metastatic Ca of Brain + Lung</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>ca of heart.</i> DUE TO (c) <i>170X</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 yr.</i>
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"/>
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 <i>Oct 4 1958</i> to <i>Oct 10 1958</i> and last saw her alive on <i>10/10/58</i> Death occurred at <i>6:10 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>J. J. Grant M.D.</i>		22b. ADDRESS <i>5521 S. Redway</i>	22c. DATE SIGNED <i>10/13/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 14, 1958	23c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem.	23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
24. FUNERAL DIRECTOR ADDRESS Kriegshauser 4228 S. Kingshighway		25. DATE RECD. BY LOCAL REG. OCT 14 '58	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i> <i>M. Q. B.</i>

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 *William B. White*

Licensed Embalmer No. *4228*

P. O. Address *4228 So. Kingsley*

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.