

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042581

STATE FILE NUMBER

FILED DEC 10 1958

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3169

300
-57

1. PLACE OF DEATH a. COUNTY ST. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY ST. Louis	
b. CITY OR TOWN CLAYTON	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MANCHESTER	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION COUNTY Hosp.		Length of stay in lb 6 wks	d. STREET ADDRESS (If outside, give location) 717 ROSEDALE TERR.
3. NAME OF DECEASED (Type or print) First Ernest Middle D Last STEPHENSON			4. DATE OF DEATH Month 11 Day 30 Year 58
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-9-1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. ICE & FUEL CO		10b. KIND OF BUSINESS OR INDUSTRY SELF EMPLOYED	9. AGE (In years last birthday) 76
11. BIRTHPLACE (City and state or country) ST. Louis MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHN - S STEPHENSON		13b. MOTHER'S MAIDEN NAME ELIZABETH - LONG	14. NAME OF HUSBAND OR WIFE MARY. A STEPHENSON
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. UNK.	17. INFORMANT Address IDA-GIRARDIER-717 ROSEDALE TERR.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRAINCHO PNEUMONIA DUE TO (b) MALNUTRITION DUE TO (c) GASTRIC CARCINOMA			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) GENERALIZED ARTERIOSCLEROSIS & PYELONEPHRITIS			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <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 10-21-58 to 11-30-58 and last saw her/him alive on 11-30-58 Death occurred at 9:35 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) M.D. Volley		22b. ADDRESS 601 So. Brentwood	22c. DATE SIGNED 12-1-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-4-58	23c. NAME OF CEMETERY OR CREMATORY OAK-HILL CEM.	23d. LOCATION (City, town, or county) (State) ST. Louis MO
24. FUNERAL DIRECTOR ADDRESS JAY-B-SMITH Maplewood Mo.		25. DATE RECD. BY LOCAL REG. 12-3-58	26. REGISTRAR'S SIGNATURE Herbert R. Donke M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MS SEP 22 1900

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 *A. Burgess*

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

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.