

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-003542

STATE FILE NUMBER

2 442

FILED JAN 28 1959

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar No. \_\_\_\_\_

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St Louis</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2432 McNair Ave</b>		Length of stay in lb <b>7yrs</b>	d. STREET ADDRESS (If outside, give location) <b>2432 McNair Ave</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Rolla</b> Middle <b>E.</b> Last <b>Stevens</b>			4. DATE OF DEATH Month <b>Jan</b> Day <b>13</b> Year <b>1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 25 1880</b>
9. AGE (In years last birthday) <b>78</b>		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) <b>Street Car Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Public Service</b>	11. BIRTHPLACE (City and state or country) <b>Montgomery Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U S</b>		13a. FATHER'S NAME <b>Robert Stevens</b>	
13b. MOTHER'S MAIDEN NAME <b>Elizabeth Carr</b>		14. NAME OF HUSBAND OR WIFE <b>Ella (Deceased)</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT <b>Joseph Schovanez</b> Address <b>2432a McNair Ave.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Embolism</b> DUE TO (b) <b>Coronary Thrombosis</b> DUE TO (c) <b>Hypertension 420.1</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Arteriosclerosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> <b>18 mos.</b> <b>2 yrs.</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT, SUICIDE, HOMICIDE <input type="checkbox"/> None <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 _____ p.m. <b>None</b>	
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.) <b>None</b>	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
21. I attended the deceased from <b>Feb. 1854</b> to <b>Jan. 13 '59</b> and last saw her alive on <b>January 2, 1959</b> Death occurred at <b>3:30 A.M.</b> on the date stated above; and to the best of my knowledge, from the cause stated.			
22a. SIGNATURE <b>J. Carl Smith, M.D.</b> (Degree or title)		22b. ADDRESS <b>2767 Garvin Ave</b>	22c. DATE SIGNED <b>1-13-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1/16/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>S S Peter &amp; Paul Cem</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>
24. FUNERAL DIRECTOR <b>Moynell Funeral Home 1926 Allen</b> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <b>JAN 14 '59</b>	26. REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b> <b>m. J. B.</b>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 me....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed George J. Svoboda.....

Licensed Embalmer No. 1099.....

P. O. Address 1926 Allen.....

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.