

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-020022  
STATE FILE NUMBER

Health,  
Welfare  
Public  
Service

300

1-57

9  
291  
0

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1359

1. PLACE OF DEATH  
a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Oakland Inside Limits Yes  No

c. CITY OR TOWN St. Louis Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bethesda Dilworth Length of stay in 1b 3 Mo.

d. STREET ADDRESS (If outside, give location) 7042 Jamieson Ave. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Home Middle Elenor Last Stephens Repp

4. DATE OF DEATH Month 5 Day 16 Year 1959

5. SEX Female 6. COLOR OR RACE White 7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED  8. DATE OF BIRTH Aug. 30, 1959 9. AGE (In years last birthday) 77 F 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) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and state or country) Smithfield, Ky. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William McBurney 13b. MOTHER'S MAIDEN NAME Sally King 14. NAME OF HUSBAND OR WIFE Arthur H. Repp

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. None 17. INFORMANT Address Lester F. Stephens, 7042 Jamieson

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Cerebral Hemorrhage rt. INTERVAL BETWEEN ONSET AND DEATH 20 dd  
DUE TO (b) Arteriosclerotic vascular disease chr.  
DUE TO (c) 931x  
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  NO

20a. ACCIDENT  SUICIDE  HOMICIDE  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  NOT WHILE AT WORK  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 Feb 1<sup>st</sup> 1959 to May 16 1959 and last saw her alive on 5/16/59  
Death occurred at 11:20 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) O. DeSebaugh MD 22b. ADDRESS Webster Groves Mo 22c. DATE SIGNED 5/18/59

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 5/18/59 23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS Drehmann-Harral, 1905 Union Blvd. 25. DATE RECD. BY LOCAL REG. 5-18-59 26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

Dr. O. D. Seabaugh  
105 W. Lockwood  
Mo 1-5002  
Hrs. After 7:30 until about  
10 A.M. Mon

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 *Albert R. Thompson* .....

Licensed Embalmer No. *4257* .....  
P. O. Address *St. Louis* .....

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.