

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-033286

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2302

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

FILED AUG 20 1962

1. **COUNTY** St. Louis

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

c. CITY OR TOWN Olivette

Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 512 Deuser Ave

Reside on Farm Yes No

3. **NAME OF DECEASED** (Type or print) First Middle Last Pearl Stevens

4. **DATE OF DEATH** Month Day Year AUGUST 7 1962

5. **SEX** F

6. **COLOR OR RACE** W

7. **Married** **Never Married**
Widowed **Divorced**

8. **DATE OF BIRTH** 8/8/1888

9. **AGE** (last birthday) 73

IF UNDER 1 YEAR Months Days **IF UNDER 24 HR** Hours Min.

10a. **USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Secretary

10b. **KIND OF BUSINESS OR INDUSTRY** Indiana Cond Milk Co.

11. **BIRTHPLACE** (City and state or country) St. Louis, Mo.

12. **CITIZEN OF WHAT COUNTRY** USA

13a. **FATHER'S NAME** Charles C. Stevens

13b. **MOTHER'S MAIDEN NAME** Mary El'ien Farnsworth

14. **NAME OF HUSBAND OR WIFE** - - -

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.** Unknown

17. **INFORMANT** Mrs. Edna Blackwell, 512 Deuser Ave., Olivette

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).
PART I. **DEATH WAS CAUSED BY:**
IMMEDIATE CAUSE (a) CARDIO-VASCULAR DISEASE
DUE TO (b) SENILITY
DUE TO (c) _____
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. **OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH** but not related to the terminal disease condition given in PART I (a) NONE

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

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 WORK** **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 APRIL 1, 1962 to AUGUST 7, 1962 and last saw her/him alive on AUGUST 7, 1962
Death occurred at 3:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. **SIGNATURE** (Degree or title) B.R. Loving, M.D.

22b. **ADDRESS** BALLWIN, Mo.

22c. **DATE SIGNED** 8-7-62

23a. **BURIAL, CREMATION, Removal** (city)

23b. **DATE** 8-9-62

23c. **NAME OF CEMETERY OR CREMATORY** Bellefontaine Cemetery

23d. **LOCATION** (City, town, or county) (State) St. Louis, Mo.

24. **FUNERAL DIRECTOR** ADDRESS Alexander & Sons, 6175 Delmar Blvd.

25. **DATE RECD. BY LOCAL REG.** 8-9-62

26. **REGISTRAR'S SIGNATURE** John Murphy

USE BLACK INK OR TYPEWRITER RIBBON

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 J. Allen Davis

Licensed Embalmer No. 4083

P. O. Address St. Louis

Aug 7 - 1966

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.