

## STANDARD CERTIFICATE OF DEATH

State File No. **44811**

FILED JAN 11 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **217** PRIMARY REG. DIST. NO. **500** Registrar's No. **3352**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Manchester</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Wellston #14</b>	
c. LENGTH OF STAY (in this place) <b>29 DAYS</b>		d. STREET ADDRESS (If rural, give location) <b>6222 Ridge Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Manchester Nursing Home</b>			
3. NAME OF DECEASED a. (First) <b>William</b> b. (Middle) <b>F</b> c. (Last) <b>Sever</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12/29/53</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>3/24/1888</b>
9. AGE (In years last birthday) <b>65</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>	11. BIRTHPLACE (State or foreign country) <b>Chamoise, Missouri</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>Bldg.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Edward Sever</b>		13b. MOTHER'S MAIDEN NAME <b>Johanna Cooper</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Sever</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>486 14 3772a</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mary Sever 6222 Ridge Ave.</b>	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CHRONIC MYOCARDITIS</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ARTERIO SCLEROSIS</b>			
DUE TO (c) <b>NONE</b>			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>NONE</b>			
19a. DATE OF OPERATION <b>NONE</b>	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NONE</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>4221</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>NONE</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>12-1-1953</b> , to <b>12-29-1953</b> , that I last saw the deceased alive on <b>12-29-1953</b> , and that death occurred at <b>10:00 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>B.R. Loving, M.D.</b>		23b. ADDRESS <b>BALLWIN, MO</b>	23c. DATE SIGNED <b>12-30-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVED</b>	24b. DATE <b>12/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Campbell Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Bland Missouri</b>
DATE REC'D BY LOCAL REG. <b>12-30-53</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Donke M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Jos. W. Clark 1125 Hodiamont Ave.</b>	

52 (Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Alfred J. Boeleker*

Signed.....  
Student Embalmer

Licensed Embalmer No. 2663

P. O. Address 11251/Indiana

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.