

FILED DEC 13 1954

STANDARD CERTIFICATE OF DEATH

39272

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9921**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		a. STATE Missouri b. COUNTY St. Louis	
c. LENGTH OF STAY (If this place) 1 wk.		c. CITY OR TOWN Pine Lawn <i>476</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 2508 Arden Ave.		(If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) HENRY			b. (Middle) JOHN		
c. (Last) STOVERINK			Oct. 28, 1954		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-21-1884	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 6 Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal Worker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Leopold, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Anthony Stoverink		13b. MOTHER'S MAIDEN NAME Antonette Unknown		14. NAME OF HUSBAND OR WIFE Nelia Arthur Stoverink	
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. 496-36-5011		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nelia Stoverink, above	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Coronary Artery Thrombosis		2 days	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)			
		DUE TO (c)		Cholecystitis & Stones	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 10/25/54		19b. MAJOR FINDINGS OF OPERATION* Cholelithiasis, Cholelithiasis		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 584X	

22. I hereby certify that I attended the deceased from **10/20, 1954** to **10/28, 1954** that I last saw the deceased alive on **10/28, 1954** and that death occurred at **11:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Ernest T. Harwood, M.D.		(Degree or title)		23b. ADDRESS 106 So. Central	
23c. CITY, TOWN, OR TOWNSHIP St. Louis		(COUNTY)		(STATE)	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-2-54		24c. NAME OF CEMETERY OR CREMATORY St. Monica Church Ceme.	
24d. LOCATION (City, town, or county) (State) Creve Coeur, Mo.					

DATE REC'D BY LOCAL REG. NOV 1 1954		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JAY B. SMITH, Maplewood, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. P. Burgess*

Licensed Embalmer No. *40*

P. O. Address *Maple*

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.