

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42810**

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>531</u>		Registrar's No. <u>2935</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>University City</u>			c. LENGTH OF STAY (in this place) <u>24 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>University City</u>			d. STREET ADDRESS (If rural, give location) <u>6819 Waterman</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6819 Waterman</u>				d. STREET ADDRESS (If rural, give location) <u>6819 Waterman</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANDREW</u>			b. (Middle) <u>JACKSON</u>		c. (Last) <u>HAVERSTICK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December 15, 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>January 9, 1878</u>		9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>6</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Attorney</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Law Practice</u>		11. BIRTHPLACE (State or foreign country) <u>DeSoto, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Haverstick</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Vineyard</u>		14. NAME OF HUSBAND OR WIFE <u>Henrietta Bischoff Haverstick</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Henrietta B. Haverstick</u> ADDRESS <u>6819 Waterman</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sudden cardiac arrest</u>						
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary arteriosclerotic heart disease</u> <u>2 yrs</u>						
	DUE TO (c) <u>Generalized arteriosclerosis</u> <u>2 yrs.</u>						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?	
22. I hereby certify that I attended the deceased from <u>March 10, 1952</u> , to <u>Dec. 15, 1955</u> , that I last saw the deceased alive on <u>10-31-55</u> , 19 <u>55</u> , and that death occurred at <u>6:05 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James P. Murphy, M.D.</u>				23b. ADDRESS <u>607 North Grand</u>		23c. DATE SIGNED <u>Dec. 16, 55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 17, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>12-16-55</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombrowski</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ambruster Mortuary, 6633 Clayton Rd.</u> ADDRESS			

48. (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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Fred J. Tanner*

Licensed Embalmer No. 4788

P. O. Address St. Louis 17, Mo.

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