

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 26 1957

State File No. ....

No. 300  
10. 48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1397

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Mo. b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) 6 mo.  
c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION 4057 Haven St. e. STREET ADDRESS (If rural, give location) 4057 Haven St.

3. NAME OF DECEASED (Type or Print) a. (First) Everett b. (Middle) J. c. (Last) Stites 4. DATE OF DEATH (Month) (Day) (Year) 2 9 57

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED, (Specify) Married 8. DATE OF BIRTH June 13, 1891 9. AGE (In years last birthday) 65 IF 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) Assembling man-Ret. 10b. KIND OF BUSINESS OR INDUSTRY Automobile 11. BIRTHPLACE (City and State or Foreign Country) Owensville, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Hiram Stites 13b. MOTHER'S MAIDEN NAME unknown 14. NAME OF HUSBAND OR WIFE Olive Stites

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 490-05-2708A 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Olive Stites, 4057 Haven

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, asphyxia, etc. It means the disease, injury, or complication which caused death.  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Arteriosclerotic heart disease 1 yr.  
ANTECEDENT CAUSES Arteriosclerotic heart disease  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.  
II. OTHER SIGNIFICANT CONDITIONS Myocardial infarction  
Conditions contributing to the death but not related to the disease or condition causing death. Myocardial infarction

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION 420.0 20. AUTOPSY? YES  NO

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) (Min.) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from June 28 1957 to Feb 9 1957, that I last saw the deceased alive on Feb 8 1957, and that death occurred at 1:15 a., from the causes and on the date stated above.

23a. SIGNATURE Herbert C. Wiegand (Degree or title) MD 23b. ADDRESS 3720 Washington 23c. DATE SIGNED 2/11/57

24a. BURIAL, CREMATION, REMOVAL (Specify) removal 24b. DATE 2/12/57 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem. 24d. LOCATION (City, town, or county) (State) St. Louis County Mo.

DATE REC'D BY LOCAL REG. FEB 11 57 REGISTRAR'S SIGNATURE Charles Smith MD 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral 1905 Union

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

Dr. Herbert Wiegand  
3720 Washington  
01. 2-4935

Hrs. 2 - 6 PM 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. *423*.....

P. O. Address *H. J. Lewis*.....

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.