

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 7 1957

18594  
STATE FILE NUMBER  
5018

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 16 Mo. Baptist		Length of stay in lb I Wk. 1058	d. STREET ADDRESS 5800 Clemens (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Chas. H. deZevallos			4. DATE OF DEATH Month Day Year 5-24-57		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-2-1872	9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired manufacturer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Nashville, Tenn	
13. FATHER'S NAME Edward D. DeZevallos			14. MOTHER'S MAIDEN NAME Mary Hagen		
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. none		17. INFORMANT Address Brimmer F. Home, House Springs Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) terminal lobar Pneumonia DUE TO (b) Fr. Neck Lt. femur (accident at home) DUE TO (c) Cardiac, Cardio-vascular, Mitral Insufficiency PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (d) senile dementia -					INTERVAL BETWEEN ONSET AND DEATH 1 wk 8 da 21
19a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		19b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) fell while getting out of bed E902.0			
20a. TIME OF INJURY Hour Month, Day, Year p. m. May 17, 1957. 6 PM.		20b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 5 Home			
20c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20d. CITY, TOWN, OR LOCATION St. Louis Mo.		20e. COUNTY STATE 660 COUNTY STATE	
21. I attended the deceased from 11 PM May 13, 1957 to 5/24/57 and last saw him alive on 5/24/57 Death occurred at Mo. Baptist Hosp on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Print or type) Walter LeKitchner MD		22b. ADDRESS 508 N. Grand St. (3)		22c. DATE SIGNED 5/28/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 5-26-57		23c. NAME OF CEMETERY OR CREMATORY Laddonia, Mo.	
24. FUNERAL DIRECTOR Brimmer, House Springs, Mo.		25. DATE RECD. BY LOCAL REG. MAY 28 '57		26. REGISTRAR'S SIGNATURE J. Carl Smith Mo. M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Harvey Kalle* .....

Licensed Embalmer No. *459*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.