No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 022253
State File No.

JUL 1 1957

BIRTH NO. REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 163

1. PLACE OF DEATH
a. COUNTY: St Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Charles
c. LENGTH OF STAY (In this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St Charles
c. CITY OR TOWN: St Charles
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 1801 West Adams

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Earl
c. (Last): Hestwood

4. DATE OF DEATH (Month) (Day) (Year): June 19 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 2 1882
9. AGE (In years last birthday): 74
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): Mail Carrier
10b. KIND OF BUSINESS OR INDUSTRY: Post Office
11. BIRTHPLACE (City and State or Foreign Country): Mt Vernon Ill
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John W. Hestwood
13b. MOTHER'S MAIDEN NAME: Katherine Sommers
14. NAME OF HUSBAND OR WIFE: Myrtle Barnes Hestwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Mrs Myrtle Hestwood
ADDRESS: St Charles Mo.

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, asthenia, 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 — INTERVAL BETWEEN ONSET AND DEATH: 6 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic heart disease — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4200
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) m.
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* 12-9 *19*55, *to* June 19, *19*57, *that I last saw the deceased alive on* June 18, *19*57, *and that death occurred at* 5:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Eugene J. Rutz
(Degree or title): M.D.
23b. ADDRESS: St. Charles, Mo
23c. DATE SIGNED: June 19, 1957

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: June 20 1957
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Crematory.
24d. LOCATION (City, town, or county) (State): St Louis County MO

DATE REC'D BY LOCAL REG.: JUN 20 57
REGISTRAR'S SIGNATURE: Hazel Lawler Dep.
25. FUNERAL DIRECTOR'S SIGNATURE: Arthur C Bane
ADDRESS: St Charles Mo.

(Licensed Embalmer's Statement on Reverse Side)

VS SEP 5 1959

JUL 2 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Arthur C Bane

Licensed Embalmer No. 3/4

P. O. Address St Chur

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