

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 22 1957

42095
STATE FILE NUMBER
10371

Registration District No. 318 Primary Registration District No. 1003 Registrar No. 10371

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		c. CITY OR TOWN MAPLEWOOD 4544	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DEACONESS Hosp		27 STREET ADDRESS 7448 FLORA	
3. NAME OF DECEASED (Type or print) First WEBSTER Middle NMI Last HIGGINS		4. DATE OF DEATH Month 11 Day 1 Year 57	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APRIL 19-1881
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OFFICE MANAGER		9b. KIND OF BUSINESS OR INDUSTRY LEWIN-MATHEIS Corp	9c. BIRTHPLACE (City and state or country) WEST VIRGINIA
10. CITIZEN OF WHAT COUNTRY? U.S.A.		11. FATHER'S NAME JACOB HIGGINS	
12. MOTHER'S MAIDEN NAME Unknown Kirkpatrick		13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	
14. SOCIAL SECURITY NO. 329-10-7855		15. INFORMANT Margaret Higgins, above	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral arteriosclerosis DUE TO (b) Degenerated arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Voluntarily			INTERVAL BETWEEN ONSET AND DEATH 3 mo. 10 yrs
19a. ACCIDENT <input type="checkbox"/>	19b. SUICIDE <input type="checkbox"/>	19c. HOMICIDE <input type="checkbox"/>	19d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		21. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		23. CITY, TOWN, OR LOCATION COUNTY STATE	
24. I attended the deceased from 10-15-57 to 11-1-57 and last saw her alive on 11-1-57 Death occurred at 6:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.			
25a. SIGNATURE Paul Houtsvan		25b. ADDRESS 6376 Clayton Rd	
25c. DATE SIGNED 11-2-57		25d. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
26a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	26b. DATE 11-4-57	26c. NAME OF CEMETERY OR CREMATORY LAYRELL HILL CEM.	26d. LOCATION (City, town, or county) (State) ST. LOUIS CO MO
27. FUNERAL DIRECTOR JAY-B-SMITH-Maplewood 17 MO		28. DATE RECD. BY LOCAL REG. NOV 4 '57	29. REGISTRAR'S SIGNATURE Keith Smith MD

m88

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 Allen Davis*

Licensed Embalmer No. *405*

P. O. Address *W L*

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.