

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042521

STATE FILE NUMBER

FILED DEC 10 1958 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3146

300
1-57

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Mehlville food</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Co. Hosp.</u>		Length of stay in lb <u>17 days</u>	d. STREET ADDRESS (If outside, give location) <u>Rt 11 - Box 601 B</u>
3. NAME OF DECEASED (Type or print) <u>AKA Anthony M. Hovance</u>		Middle Last	4. DATE OF DEATH Month <u>11</u> Day <u>29</u> Year <u>1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 16, 1904</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired - Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Van Calbert Paint Co.</u>	9. AGE (In years last birthday) <u>54</u>
11. BIRTHPLACE (City and state or country) <u>Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>Michael Hovance</u>		13b. MOTHER'S MAIDEN NAME <u>Barbara Gavrun</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes WW2</u>		16. SOCIAL SECURITY NO. <u>494-24-8384</u>	17. INFORMANT <u>Mrs. Rose Daum</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis due to arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>11/13/58</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular Disease</u>		<u>11/29/58</u>	
DUE TO (c) _____		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Bronchopneumonia</u>		<u>443 x</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____, Month _____, Day _____, Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>11-13-1958</u> to <u>11-29-58</u> and last saw her alive on <u>11-29-1958</u> Death occurred at <u>11-29-58 4:45</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Angelo A. Spens M.D.</u>		22b. ADDRESS <u>601 S. Brentwood Clayton</u>	22c. DATE SIGNED <u>11/30/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-3-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>National Cem</u>	23d. LOCATION (City, town, or county) (State) <u>J.B., Lemay, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Fey Funeral Home, Mehlville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-1-58</u>	26. REGISTRAR'S SIGNATURE <u>Herbert B. Dornik M.D.</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *V E Morris*

Licensed Embalmer No. *3360*

P. O. Address *St Louis 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.