Health, Welfare Public Service

300
1-57

7

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-015571
STATE FILE NUMBER

FILED APR 24 1959

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 3409

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY OR TOWN St. Louis — Inside Limits Yes ☑ No ☐	c. CITY OR TOWN St. Louis — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 3 D.O.A. St. LukesHosp. — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 4719 Hammett Place — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First	Middle	Last	4. DATE OF DEATH Month	Day	Year
CALVIN	H	PROVOST	April	4	1959

5. SEX	6. COLOR OR RACE	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white		April 15, 1874	84				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Electrician	Newark New Jersey	usa

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
Harry Provost	Hannah Hott	Nellie Provost

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	Address
no	none	493-10-5465	Mrs. Nellie Provost 4719 Hammett Place	St Louis 13, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Thrombosis	Few minutes
Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerosis	Many years
DUE TO (c)	420.1F	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Intertrochanteric fracture left femur

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell at home in bathroom

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 4/1/59

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 067 Home

20f. CITY, TOWN, OR LOCATION St. Louis, Missouri COUNTY STATE

21. I attended the deceased from 4/2/59, to 4/4/59 and last saw her/him alive on 4/4/59

Death occurred at 4 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Marshall B Conrad M.D. (Degree or title)

22b. ADDRESS 41 North Central, Clayton 5

22c. DATE SIGNED 4/6/59

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
burial	April 8, 1959	Calvary Cemetery	St. Louis Missouri.

24. FUNERAL DIRECTOR	ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
C.R. Lupton and Sons	7233 Delmar Blv'd.	APR 6 '59	Noal Smith. M.D.

(Licensed Embalmer's Statement on Reverse Side)

MOB

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.

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 Arnold W. Schoen

Licensed Embalmer No. 3864

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.