

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-017380

FILED VS APR 18 1960

2 3824

STATE FILE NUMBER

NDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b	c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Deaconess Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>4020 Oleatha Ave.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>L.</u> Last <u>Stuyvaert</u>			4. DATE OF DEATH Month <u>April</u> Day <u>4</u> Year <u>1960</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/7/67</u>	9. AGE (last birthday) <u>92</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Candy Maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>----- Stuyvaert</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Amelia</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	
17. INFORMANT <u>Amelia Stuyvaert - 4020 Oleatha</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>Acute myocardial infarction due to arteriosclerotic coronary occlusion</u> DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>420.1 F</u> CONDITIONS IF ANY WHICH GAVE RISE TO ABOVE CAUSE (a), (b), OR (c) AND THE UNDERLYING CAUSE: <u>66 Fractured Hip</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>?</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fractured Hip</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" 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.) <u>fell March 22, 1960</u>			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. <u>3-22-60</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>16 Home</u>		20f. CITY, TOWN, OR LOCATION <u>St. Louis,</u>		COUNTY <u>Mo.</u> STATE	
21. I attended the deceased from <u>March 24, 1960</u> to <u>April 4, 1960</u> and last saw her/him alive on <u>April 4, 1960</u>		Death occurred at <u>2:45 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>How J. Roth</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>634 N Grand Blvd.</u>		22c. DATE SIGNED <u>4/6/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Apr. 6, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>	
23d. LOCATION (City, town, or county) <u>St. Louis County, Missouri</u>		24. FUNERAL DIRECTOR <u>WACKER-HELDERLE-3634 Gravois Ave.</u>		25. DATE RECD. BY LOCAL REG. <u>APR 6 1960</u>	
26. REGISTRAR'S SIGNATURE <u>Roal Smith, M.D.</u>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Delia J. Krupp

Licensed Embalmer No. 3497

P. O. Address St. Louis

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