

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-016505

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 172

Primary Registration District No. 5595

Registrar's No. 34

FILED APR 17 1963

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Arnold		c. CITY OR TOWN Arnold	
c. FULL NAME OF (If NOT in hospital, give location) 1416 Jeffco Blvd.		d. STREET ADDRESS (If outside, give location) 1416 Jeffco Blvd.	
3. NAME OF DECEASED (Type or print) EDWARD A AVERBECK		4. DATE OF DEATH April 2 1963	
5. SEX male	6. COLOR OR RACE white	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 9/16/1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY butcher	
11a. FATHER'S NAME Edward Averbeck		11b. MOTHER'S MAIDEN NAME Lena Oldendorph	
12a. DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		12b. SOCIAL SECURITY NO.	
13a. FATHER'S NAME Edward Averbeck		13b. MOTHER'S MAIDEN NAME Lena Oldendorph	
14a. DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		14b. SOCIAL SECURITY NO.	
15. INFORMANT Ralph W Rector		16. ADDRESS Arnold, Mo.	
17. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) Arterio Sclerosis DUE TO (c) Diabetes Mellitus		INTERVAL BETWEEN ONSET AND DEATH 10 yrs 5 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
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.)	
20c. TIME OF INJURY Hour ☐ Month, Day, Year ☐	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.)		20f. CITY, TOWN, OR LOCATION Death	
20g. COUNTY		20h. STATE	
21. I attended the deceased from 1960 to Death and last saw her him alive on Mar 20-63 Death occurred at 4:59 PM on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) John H. Kellett MD	
22b. ADDRESS 2314 Telegraph		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) entombment	23b. DATE 4/5/1963	23c. NAME OF CEMETERY OR CREMATORY Valhalla Mausoleum	
23d. LOCATION (City, town, or county) St. Louis County, Mo.		23e. (State)	
24. FUNERAL DIRECTOR John L Ziegenhein & Sons		25. DATE RECD. BY LOCAL REG. 4-5-63	
26. ADDRESS 7027 Gravois		27. REGISTRAR'S SIGNATURE Robert E. Bauer	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 19 1963

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

C. F. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Graves

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.