

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026799

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1832 STATE FILE NUMBER

FILED JUL 1 1963

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY ST Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood		c. CITY OR TOWN Eureka, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hospital		d. STREET ADDRESS (If outside, give location) Route #1 Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) EDWARD <small>First</small> T. <small>Middle</small> USTICK <small>Last</small>		4. DATE OF DEATH June 7 1963 <small>Month Day Year</small>	
--	--	---	--

5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/10/1888	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
--------------------	-------------------------------	---	-----------------------------------	----------------------------------	--------------------------------	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
--	-----------------------------------	---	---

13a. FATHER'S NAME Edward T. Ustick Sr.	13b. MOTHER'S MAIDEN NAME Susan Ferguson	14. NAME OF HUSBAND OR WIFE Margaret Ustick
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs. David Kratz #17 Country Life Acres
---	-------------------------	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart and kidney failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Advanced arteriosclerotic cardiovascular disease DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 5 days 2 years
--	--	---

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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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 5/7 Month, Day, Year 6/6/63 a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <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 **5/7** to **6/6/63** and last saw her alive on **6/6/63**
Death occurred at **12:48 AM 6/6/63** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. B. Beaton, M.D. (Degree or title)	22b. ADDRESS 206 N. Clay Kirkwood 22/40	22c. DATE SIGNED 6/7/63
--	--	--------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 6/8/63	23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Missouri
--	-------------------------	--	---

24. FUNERAL DIRECTOR ADDRESS Lupton Chapel, Inc 7233 Delmar Blvd	25. DATE RECD. BY LOCAL REG. 6-8-63	26. REGISTRAR'S SIGNATURE J. B. Murphy, M.D.
---	--	---

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

4003

4000

3

4 0

5 1

6

7 0

8 1

9 422.1

10

11

12 44-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

County Ustick
Dr. Robt. Brereton
206 N. Clay Ta-1-4300

Signed

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. Schoene

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.