

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-030885

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 2044

DO NOT WRITE ON THIS STUB

AMENDED

FILED <u>III 22 1963</u>	
1. PLACE OF DEATH	
a. COUNTY <u>St. Louis</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirkwood, Mo.</u>	a. STATE <u>Mo</u> b. COUNTY <u>JEFFERSON</u>
Length of stay in 1b <u>DOA</u>	c. CITY OR TOWN <u>HIGH RIDGE Mo.</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>St. Joseph Hospital</u>	d. STREET ADDRESS (If outside, give location) <u>High Ridge Mo.</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print)	
First <u>DANIEL</u> Middle <u>LE ROY</u> Last <u>STOVESAND</u>	4. DATE OF DEATH Month <u>6</u> Day <u>23</u> Year <u>1963</u>
5. SEX <u>M</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>JUL 23 1934</u>
9. AGE (last birthday) <u>8</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>AT SCHOOL</u>
11. BIRTHPLACE (City and state or country) <u>ST LOUIS MO</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>LE ROY STOVESAND</u>	13b. MOTHER'S MAIDEN NAME <u>MILDRED WURTH</u>
14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	17. INFORMANT <u>LE ROY STOVESAND</u> Address <u>HIGH RIDGE MO</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>Drowning</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____
	DUE TO (c) _____
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 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>Drowning</u>	
20c. TIME OF INJURY Hour <u>6:20</u> Month, Day, Year <u>6/23/63</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>Sunset Hills Swimming Pool</u>
20f. CITY, TOWN, OR LOCATION <u>St. Louis Missouri</u>	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at <u>DOA St. Jos. Hosp 7 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Raymond Hard</u> (Degree or title) <u>Coroner</u>	22b. ADDRESS <u>Clayton, Missouri</u>
22c. DATE SIGNED <u>6/29/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>6/26/63</u>
23c. NAME OF CEMETERY OR CREMATORY <u>CEDAR HILL MEMORIAL GARDEN</u>	23d. LOCATION (City, town, or county) <u>CEDAR HILL MO</u>
24. FUNERAL DIRECTOR <u>Brunner Funeral Home House Springs Mo</u> ADDRESS <u>House Springs Mo</u>	25. DATE RECD. BY LOCAL REG. <u>6-26-63</u>
26. REGISTRAR'S SIGNATURE <u>John E. [Signature]</u>	

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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

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 Herbert J. Law Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood 22 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.