

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-045918

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11863** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

FILED DEC 5 1963	
1. PLACE OF DEATH a. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4333 Delmar	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY	
c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS (If outside, give location) 4333 Delmar Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Leonders Provence	
4. DATE OF DEATH Month Day Year Nov 28 1963	
5. SEX Male	6. COLOR OR RACE Negro
7. Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/2/1883
9. AGE (last birthday) 80	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintainance
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY Famous Barr
11. BIRTHPLACE (City and state or country) Alamba	12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Hardy Provence	13b. MOTHER'S MAIDEN NAME Harriett
14. NAME OF HUSBAND OR WIFE Kansadie Provence	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
16. SOCIAL SECURITY NO. No	17. INFORMANT Mary Louis Provence Address 4333 Delmar
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Valvular Heart. DUE TO (b) Hypertension DUE TO (c) 421.4	
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 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 a.m. p.m. Month, Day, Year	
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 11/23/63 to 11/28/63 and last saw her alive on 11/28/63 Death occurred at 11/23/63 1 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE W.C. Bridger M.D. (Degree or title)	22b. ADDRESS 4056 N. Bell
22c. DATE SIGNED 12/6/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Dec 2, 1963
23c. NAME OF CEMETERY OR CREMATORY Father Dickson Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County Mo
24. FUNERAL DIRECTOR R. J. Rouse ADDRESS 1221 N. Grand Blvd.	25. DATE RECD. BY LOCAL REG. DEC 2 1963
26. REGISTRAR'S SIGNATURE Good Smith, M.D.	

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

Malvin S. [Signature]

Licensed Embalmer No. 3962

P. O. Address 1221 N. Grand Blvd.

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.