

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19998

State File No.

FILED JUN 4 1953

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5176**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 2101 a Alice Ave 5099		e. STREET ADDRESS (If rural, give location) 2101 a Alice Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) K c. (Last) Verheyen.		4. DATE OF DEATH (Month) (Day) (Year) May 20 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 1, 1868
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY House Work	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 12 HRS. 84 10 Days 19 Hours Min.
11. BIRTHPLACE (City and State or Foreign Country) Ill		12. CITIZENRY OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Not Known		13b. MOTHER'S MAIDEN NAME Not Known.	14. NAME OF HUSBAND OR WIFE William F. Verheyen.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Paul Verheyen 2101 Alice Ave
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Carcinoma of Parotid Gland with metastases ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerotic Heart Disease	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		142X	
22. I hereby certify that I attended the deceased from 2/7, 1952 to 5/20, 1953 , that I last saw the deceased alive on 5/20, 1953 , and that death occurred at 6 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Charles D. Hatten M.D.		23b. ADDRESS 4020 N. Florissant	
23c. DATE SIGNED 5/21/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 23, 1953	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis MO	
DATE REC'D BY LOCAL REG. MAY 22 1953		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. C. Buchholz-Koeller 5967 W. Florissant	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Walter G. Bushby*.....

Licensed Embalmer No. *757*

P. O. Address *St. Louis*

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.