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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 26 1954

State File No. **2655**
Registrar's No. **0141**

318 PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>1 Y. 4 M 1 D</u>		c. CITY OR TOWN <u>St. Louis</u>		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 <u>ST. LOUIS CHRONIC HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>6233 Loran St.</u> <u>2149</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ARMINDA</u>			b. (Middle) <u>TERESSA</u>		c. (Last) <u>CAVENAR</u>		4. DATE OF DEATH (Month) <u>1</u> (Day) <u>7</u> (Year) <u>54</u>
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>6/20/1871</u>	
9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sparta Tenn.</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Sparta Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Calvin Trent</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Rogers</u>	
13a. FATHER'S NAME <u>Calvin Trent</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Rogers</u>		14. NAME OF HUSBAND OR WIFE <u>W.H. Cavenar</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Harry J. Mohler</u> ADDRESS <u>6233 Loran Ave.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiovascular Disease</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Diabetes Mellitus</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>years</u>	
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) <u>Accident</u>		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) (Minute)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>443X</u>			
22. I hereby certify that I attended the deceased from <u>Oct. - 23, 1953</u> , to <u>Jan. 7, 1954</u> , that I last saw the deceased alive on <u>Jan. 7, 1954</u> , and that death occurred at <u>8:00 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>George Eaker M.D.</u>				23b. ADDRESS <u>5600 Arsenal St.</u>		23c. DATE SIGNED <u>1/7/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1/7/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Batesville Ark.</u>	
DATE REC'D BY LOCAL REG. <u>JAN 7 1954</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith Md</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ambruster Mortuary</u> ADDRESS <u>6633 Clayton Road</u>			

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.....
Ernest W. Spill
Licensed Embalmer No. 40

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.