

Health, & Welfare & Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

46638
STATE FILE NUMBER

FILED JAN 13 1958

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3337

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis Co.</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLAYTON</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>4000 Eureka, St. Louis Co.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. Louis Co Hospital</u> Length of stay <u>D.O.B.</u> 1b | | d. STREET ADDRESS <u>228 Forest Dr.</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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|--|-------------------------------|---|--|--|---|
| 3. NAME OF DECEASED (Type or print) First <u>Walter</u> Middle <u>Houston</u> Last <u>Stovall</u> | | | 4. DATE OF DEATH Month <u>Dec.</u> Day <u>31</u> Year <u>1957</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Oct. 2, 1900</u> | 9. AGE (In years last birthday) <u>57</u> | IF UNDER 1 YEAR Months <u>0</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>Carpenter St. Louis City Park Dept</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) <u>St. Louis Mo.</u> | |
| 13. FATHER'S NAME <u>G. K. Stovall</u> | | | 14. MOTHER'S MAIDEN NAME <u>Martha Wallace</u> | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>U. S. Army Coast Guard</u> | | 16. SOCIAL SECURITY NO. <u>486-14-9385</u> | | 17. INFORMANT <u>Ruth Stovall</u> Address <u>228 Forest Dr. Beach</u> | |

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|--|--|----------------------------------|
| 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>Severe head injury compatible with automobile accident</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| 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) | | |

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|--|---|-------------------------------------|
| 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>Lost control of car he was operating on Highway 66 and struck a tractor & trailer, throwing him from his car</u> | |
| 20c. TIME OF INJURY <u>7:15 AM</u> Hour <u>12/31/57</u> Month <u>12/31/57</u> Day <u>12/31/57</u> Year <u>12/31/57</u> | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>public highway</u> | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20f. CITY, TOWN, OR LOCATION <u>Rural</u> | 20g. COUNTY <u>St. Louis</u> |
| 21. I attended the deceased from <u>7:20</u> to <u>8:00</u> and last saw her alive on <u>Jan 2</u> Death occurred at <u>7:20</u> <u>A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | 22c. DATE SIGNED <u>1/3/58</u> |
| 22a. SIGNATURE <u>Gaymond Varid</u> (Degree or title) Coroner | | 22b. ADDRESS <u>Clayton, Mo.</u> |

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|--|----------------------------------|---|---|
| 23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Jan. 4, 1958</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cem.</u> | 23d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Will Bro. & Co. 2929 S. Jefferson</u> | | 25. DATE RECD. BY LOCAL REG. <u>Jan 2 - 58</u> | 26. REGISTRAR'S SIGNATURE <u>Nerbert R. Domher</u> |

(Licensed Embalmer's Statement on Reverse Side)

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 *Harold E. Witt*.....

Licensed Embalmer No. *4305*

P. O. Address *St. Louis,*

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