

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-042662  
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 3152

1. PLACE OF DEATH  
a. COUNTY St. Louis  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood Inside Limits Yes  No   
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp. Length of stay in lb 3-hrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY St. Louis  
c. CITY OR TOWN Kirkwood 4783 Inside Limits Yes  No   
d. STREET ADDRESS 327 W. Woodbine Ave. (If outside, give location) Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print)  
First Middle Last Charles A. Van Deven  
4. DATE OF DEATH Month Day Year Nov. 30, 1958

5. SEX M. 6. COLOR OR RACE W. 7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED   
8. DATE OF BIRTH Aug. 12, 1908 9. AGE (In years last birthday) 50 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driver - Quality Dairy 10b. KIND OF BUSINESS OR INDUSTRY DAIRY 11. BIRTHPLACE (City and state or country) St. Louis, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Jacob Van Deven 14. MOTHER'S MAIDEN NAME Mary Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. 486-22-7412 17. INFORMANT Mrs. Elizabeth Van Deven, 327 W. Woodbine Address

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Cerebral Hemorrhage, massive  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Paroxysmal hypertension DUE TO (c) ?  
INTERVAL BETWEEN ONSET AND DEATH 5 hrs. sev. wks.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 331X

19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.  
20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 30 Nov '58 to 30 Nov '58 and last saw her alive on 30 Nov '58  
Death occurred at 9:13 pm on the date stated above at John Johnstone, D.D. from the causes stated

22a. SIGNATURE (Deceased or title) John Johnstone, D.D. 22b. ADDRESS 109 West Jefferson Ave. Kirkwood 22, Mo. 22c. DATE SIGNED 2 Dec '58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE Dec. 3, 1958 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis, Missouri

24. FUNERAL DIRECTOR Arthur J. Donnelly, 3840 Lindell Blvd. ADDRESS 25. DATE RECD. BY LOCAL REG. 12-2-58 26. REGISTRAR'S SIGNATURE Herbert P. Donnelly

Health, & Welfare  
Public Health Service

S. 300  
v. 1-56

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
Dector, 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.  
SECURING THE MEDICAL CERTIFICATION IN THE SPECIFIC MANNER REQUIRED BY 193.140 MOKS 1949.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Jones Wellhomon*

Licensed Embalmer No. 350

P. O. Address 38 705

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.