

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015814*

STATE FILE NUMBER

2-3359

FILED APR 20 1959

Registration District No. _____ Primary Registration District No. _____

Registration No. _____

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 2708 HOWARD		d. STREET ADDRESS (If outside, give location) 2708 HOWARD	
Length of stay in 1b		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last LENA STURVANT			4. DATE OF DEATH Month Day Year APRIL 1 1959		
5. SEX F 3	6. COLOR OR RACE C	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG. 11 1884	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min. 7 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) CAROTHERSVILLE MO	12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME ARGUSTA Stokes		13b. MOTHER'S MAIDEN NAME ANN WRICER	14. NAME OF HUSBAND OR WIFE Geo. STURVANT		
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. —	17. INFORMANT Grene Anderson 3117 LUGAS		

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>Concussion of forehead</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>151X</u>	
	DUE TO (c) <u>Rheumatic heart</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 Month, Day, Year a.m. p.m.		
20d. INJURY OCCURRED WHILE AT <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.) 3004 E. Easton St. Louis Mo.	20f. CITY, TOWN, OR LOCATION COUNTY STATE St. Louis Co. MO.
21. I attended the deceased from <u>Aug 15-58 to April 1-59</u> and last saw her alive on <u>April 1-59</u> Death occurred at <u>7:30 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated		
22a. SIGNATURE (Degree or title) <u>J. E. Hunter M.D.</u>	22b. ADDRESS 0	22c. DATE SIGNED 4-4-59

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 4-7-59	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cem.	23d. LOCATION (City, town, or county) (State) St. Louis Co. MO.
24. FUNERAL DIRECTOR A.F. WALTON	ADDRESS 2707 Stoddard	25. DATE RECD. BY LOCAL REG. APR 4 '59	26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

S.P

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Claude Hardin*

Licensed Embalmer No. *3484*

P. O. Address *4525 Ala*

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.