

**MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-038369**

**FILED VS NOV 2 1959**

STATE FILE NUMBER

UNRECORDED

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2692

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>St. Louis</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Heights</u>		a. STATE <u>Missouri</u> COUNTY <u>St. Louis</u>		c. CITY OR TOWN <u>Ladue</u>	
Length of stay in 1b		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>D.O.A. St. Mary's Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>930 Cella Road</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>WALTER</u>		Middle <u>H.</u>		Last <u>AVERILL</u>		Month <u>October</u> Day <u>9</u> Year <u>1959</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>12-5-1907</u>	9. AGE (last birthday) <u>51</u>	IF UNDER 1 YEAR	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Investment Securities</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo. U.S.A.</u>		Months	Days
13a. FATHER'S NAME <u>Walter H. Averill</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Josephine Wise</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Frances Averill</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-09-6273</u>		17. INFORMANT Address <u>Mrs. Mary Frances Averill, 930 Cella</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Acute Coronary Occlusion, 2 Infarct</u>						<u>Sudden</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis</u>						<u>7 years</u>	
DUE TO (c) <u>General Arteriosclerosis</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <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.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>January 24, 1952</u> to <u>Oct 9, 1959</u> and last saw her/him alive on <u>Sept. 4, 1959</u>							
Death occurred at <u>5:45 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Herbert T. Lijbert M.D.</u> (Degree or title)				22b. ADDRESS <u>3720 Washington Bldg</u>		22c. DATE SIGNED <u>10/10/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>10-12-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		23d. LOCATION (City, town, or county) <u>St. Louis, Missouri</u>		State
24. FUNERAL DIRECTOR <u>Stock Mortuary, 889 S. Brentwood</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>10-11-59</u>		26. REGISTRAR'S SIGNATURE <u>John B. Murphy M.D.</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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: *Judith W. Ditt*

Licensed Embalmer No. 4379

P. O. Address St. Louis 11

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.