

FILED VS MAR 3 1960

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

-60-009347

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 509

1. PLACE OF DEATH  
a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Valley Park

c. LENGTH OF STAY (In this place) 9 years

c. CITY OR TOWN Webster Groves

d. In Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Moll Nursing Home Inc.

e. STREET ADDRESS (If rural, give location) 51 Summit Place

3. NAME OF DECEASED (Type or Print)  
a. (First) Gertrude b. (Middle) - c. (Last) Sturtevant

4. DATE OF DEATH (Month) (Day) (Year)  
Feb. 14 1960

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
2 Widowed

8. DATE OF BIRTH Jan 23 1974

9. AGE (In years last birthday) 82  
IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
IF UNDER 2 WKS: Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
housewife

10b. KIND OF BUSINESS OR INDUSTRY  
HOME

11. BIRTHPLACE (City and State or Foreign Country)  
Missouri

12. CITIZEN OF WHAT COUNTRY?  
U.S.B.

13a. FATHER'S NAME  
Robert N. Timberlake

13b. MOTHER'S MAIDEN NAME  
HENRIETTA EVANS

14. NAME OF HUSBAND OR WIFE  
Rayward Sturtevant (deceased)

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.  
NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
JM CHANDLEE 44 SYLVESTER

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Arteriosclerotic Heart Disease  
  
ANTECEDENT CAUSES  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
4200

INTERVAL BETWEEN ONSET AND DEATH  
9 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 11, 1960, to Feb 14, 1960, that I last saw the deceased alive on Feb 14, 1960, and that death occurred at 4:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
W.B. Selney M.D.

23b. ADDRESS  
806 Meramec Sta Rd. V.P.M.

23c. DATE SIGNED  
2-14-60

24a. BURIAL, CREMATION, REMOVAL (Specify)  
BURIAL

24b. DATE  
2-10-1960

24c. NAME OF CEMETERY OR CREMATORY  
BELLEFONTAINE C.

24d. LOCATION (City, town, or county) (State)  
ST. LOUIS MO

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  
2-15-60

REGISTRAR'S SIGNATURE  
John B. Murphy M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Parker-Oldrich Funeral Home W. Groves Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Lelia Welch*.....

Licensed Embalmer No. *4395*.....

P. O. Address *Water Grove*.....

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.