

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-022806
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1560

FILED MAY 27 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 4005

2 4006

3 2

4 0

5 1

6

7 1

8 2

94500

10

11

12 46-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights		c. CITY OR TOWN University City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hospital		d. STREET ADDRESS (If outside, give location) 6900 Plymouth Ave	
3. NAME OF DECEASED (Type or print) First Middle Last Benjamin W. Van Over			4. DATE OF DEATH Month Day Year May 12, 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/22/1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) night watchman		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 80
11a. FATHER'S NAME Richard Van Over.		11b. MOTHER'S MAIDEN NAME Ann unk.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME		14. NAME OF HUSBAND OR WIFE Effa L. Van Over.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, <u>No</u> unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT LaVern Van Over, 6900 Plymouth Ave		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Post Op. Amputation left thigh General calcifying Arterio Sclerosis 10-yrs. Occlusion of both femoral arteries 2 yrs Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 2 days
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 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 a.m. p.m.	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 May 1 1963 to May 12/63 and last saw her/him alive on May 12-63 Death occurred at 6:50 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) R. Mussella M.D.		22b. ADDRESS 3720 Washington	22c. DATE SIGNED 5/13/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5/15/1963	23c. NAME OF CEMETERY OR CREMATORY Glen Cemetery	23d. LOCATION (City, town, or county) (State) Ava, Illinois
24. FUNERAL DIRECTOR ADDRESS Lupton Chapel, 7233 Delmar Blvd		25. DATE RECD. BY LOCAL REG. 5-13-63	26. REGISTRAR'S SIGNATURE John B. Murphy M.D.

USE BLACK INK OR TYPEWRITER RIBBON

Dr. DuBogue or
Dr. Ralph Kinsella

3730 WASH
2:30-4:00 J.E. 3-5100
COUNTY

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St Louis, Mo.

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.