

63-025786

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6450

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59
1
2 215
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4 0
5 1
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7 0
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12 90-0
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STATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4323 DEWEY		d. STREET ADDRESS (If outside, give location) 4323 DEWEY	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MIDDLE Last MICHAEL P. DAVEN		4. DATE OF DEATH Month Day Year JUNE 18 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 AUG. 18 1884
9. AGE (last birthday) 78		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY COOPERAGE	11. BIRTHPLACE (City and state or country) ST. LOUIS MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME JOHN DAVEN	
13b. MOTHER'S MAIDEN NAME CATHERINE RYAN		14. NAME OF HUSBAND OR WIFE ELIZABETH DAVEN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) NO		17. INFORMANT Address ELIZABETH DAVEN 4323 DEWEY	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>myocardial degeneration</i> DUE TO (b) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) 422.2			INTERVAL BETWEEN ONSET AND DEATH 8 hr
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. Month, Day, Year 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 6-17-63		COUNTY STATE
21. I attended the deceased from 6/13/63 12:35 am and last saw him alive on 6/17/63 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Walter Lieb</i> (Degree or title)		22b. ADDRESS 3608 Grand	22c. DATE SIGNED 6/13/63
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE JUNE 20, 1963	23c. NAME OF CEMETERY OR CREMATORY Resurrection
23d. LOCATION (City, town, or county) St Louis, Mo		23e. (State) Mo	
24. FUNERAL DIRECTOR Thomas Kuto 2906 Davis		25. DATE RECD. BY LOCAL REG. JUN 19 1963	26. REGISTRAR'S SIGNATURE Road Smith. M.O.

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 *Ia. Humphrey*

Licensed Embalmer No. 4772

P. O. Address 2906 Graves

Mr. Feik
FR 6-0492
3608 J. Brown
3-4 Zone.

Rec 72 3-1440

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.