

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046153

STATE FILE NUMBER

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11984

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 12 1963

VS 300
Rev. 4/59

1
24007

3

4 0

5 1

6

7 1

8 1

9

10

11 1274-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>St. Louis</u>			Length of stay in 1b _____		c. CITY OR TOWN <u>Webster Groves</u>		Inside limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. John Hospital</u>				Inside limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>539 Florence Ave.</u>	
3. NAME OF DECEASED (Type or print) <u>William Delbert Vesey</u>				4. DATE OF DEATH Month <u>December</u> Day <u>2</u> Year <u>1963</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>6-19-10</u>	9. AGE (last birthday) <u>53</u>	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) <u>Plant Mgr.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Merck and Co.</u>		11. BIRTHPLACE (City and state or country) <u>Newark, New Jersey</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Elbert Clarence Vesey</u>			13b. MOTHER'S MAIDEN NAME <u>Gertrude Johnson</u>			14. NAME OF HUSBAND OR WIFE <u>Agnes Vesey</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes world war 2</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT Address <u>Agnes Vesey 539 Florence W.G. 19</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>Myocardial infarction: new: Sudden</u>							<u>4 yrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary arteriosclerosis heart dis</u>							
DUE TO (c) <u>4201</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>none</u>						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 checked="" 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.) <u>-</u>					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. <u>None</u>	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.) <u>None</u>			20f. CITY, TOWN, OR LOCATION <u>-</u>		COUNTY _____	STATE _____	
21. I attended the deceased from <u>9-13-59</u> to <u>12-2-63</u> and last saw him ^{here} live on <u>12-2-63</u> Death occurred at <u>10:30 p.m.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Edward P. Reh MD</u>				22b. ADDRESS <u>4500 Olive St Louis Mo</u>		22c. DATE SIGNED <u>12-4-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		23b. DATE <u>12-5-63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Pauls Churchyard</u>		23d. LOCATION (City, town, or county) (State) <u>Alton, Missouri.</u>	
24. FUNERAL DIRECTOR <u>TELBERG - GEBBER</u> COLONIAL CHAPEL				25. DATE RECD. BY LOCAL REG. <u>DEC 4 1963</u>		26. REGISTRAR'S SIGNATURE <u>Roan Smith, M.D.</u>	

WEBSTER GROVES 19, MO.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

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

Stanley H. Dineen

Licensed Embalmer No.

*419*¹³

P. O. Address

S.H.D.

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.