

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046154

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11823

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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240103

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USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 1 Wk		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis		c. CITY OR TOWN Berkeley		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION De Paul Hospital				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 6625 Dunwold Dr.				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) RAYMOND L. VEST			First Middle Last			4. DATE OF DEATH 11-28-63			Month Day Year		
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 10-7-25		9. AGE (last birthday) 38 Yrs.		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Terminal Manager				10b. KIND OF BUSINESS OR INDUSTRY Riss Truck Lines		11. BIRTHPLACE (City and state or country) Belgrade Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Fred Vest				13b. MOTHER'S MAIDEN NAME Eva Merritt				14. NAME OF HUSBAND OR WIFE Ruth M. Vest			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv.) No None				16. SOCIAL SECURITY NO.		17. INFORMANT Address Ruth Vest Berkeley Missouri					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Central Vascular Hemorrhage										INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Sudden Death Essential Hypertension								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.) 331 X							
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 St. Louis				COUNTY		STATE			
21. I attended the deceased from XXXXXX 11/19/63 11/28/63 and last saw him alive on 11/27/63 Death occurred at 7:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) Robert H. Ramsey, M.D.						22b. ADDRESS 119 Church St. Ferguson Mo.			22c. DATE SIGNED 11-29-63		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11-30-63		23c. NAME OF CEMETERY OR CREMATORY Valley Spring Cemetery		23d. LOCATION (City, town, or county) (State) St. Genevieve Missouri					
24. FUNERAL DIRECTOR ADDRESS White-Mullen 118 N. Florissant Rd. Ferg.				25. DATE RECD. BY LOCAL REG. NOV 30 1963		26. REGISTRAR'S SIGNATURE Loan Smith, M.D.					

Missouri St. Louis

Berkeley

1 WK

St. Louis

6625 Dunwoody Dr.

De Paul Hospital

11-28-63

WEST

L.

KAYLOND

10-7-22 38 Yrs.

White

Male

Belgrade Missouri

Ross Truck Lines

Terminal Manager

Ruth M. Vest

Eva Merritt

Fred Vest

Ruth Vest Berkeley Missouri

490-24-8025

None

No

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 Reinhold K. Lehman

Licensed Embalmer No. 3395

P. O. Address St Louis 35 Mo

XXXXX

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.

St. Genevieve Missouri

Valley Spring Cemetery

11-30-63

Bemora

White-Nullen 118 N. Florissant Rd. Ferguson

Dr Ramsey

11-28-63