

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046343

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3476

FILE - NOV 20 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

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, give TOWNSHIP only) OR TOWN Lemay		Length of stay in 1b		c. CITY OR TOWN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mt. St. Rose Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 13550 Conway Road	
3. NAME OF DECEASED (Type or print) Elfie Favere		4. DATE OF DEATH Month November Day 8, Year 1963.			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/3/1868	9. AGE (last birthday) 95	IF UNDER 1 YEAR Months Days 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 At home		11. BIRTHPLACE (City and state or country) St. Louis, Missouri.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME John Vermeersch		13b. MOTHER'S MAIDEN NAME Dont Know	
14. NAME OF HUSBAND OR WIFE Adolph Favere (Dec'd)		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.	
17. INFORMANT Raymond F. Favere		Address 9101 So. Broadway			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease with auricular fibrillation & failure					INTERVAL BETWEEN ONSET AND DEATH 3 WKS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture of hip. Chronic Pyelonephritis					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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.) Getting out of bed			
20c. TIME OF INJURY Hour 9 Month, Day, Year 30 63 a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg.) Hospital (Mt. St. Rose)		20f. CITY, TOWN, OR LOCATION St. Louis		COUNTY St. Louis	
20g. STATE Missouri		21. I attended the deceased from Nov 29 1962 to Nov 8 1963 and last saw her alive on November 7 1963 Death occurred at 10:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE A. William Vermeersch, M.D.		22b. ADDRESS 1515 Lafayette		22c. DATE SIGNED 11/9/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Nov. 11, 1963		23c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery	
23d. LOCATION (City, town, or county) St. Louis, Missouri.		23e. STATE Missouri		23f. COUNTY St. Louis	
24. FUNERAL DIRECTOR Gebken-Benz Mortuary		ADDRESS 2842 Meramec St. St. Louis, Mo. 63118		25. DATE RECD. BY LOCAL REG. 11-9-63	
26. REGISTRAR'S SIGNATURE John B. Murphy, M.D.					

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 _____
Joe B. Benz

Licensed Embalmer No. 4249
2842 Meramec St.
P. O. Address St. Louis, Mo. 63118

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.