

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027620
STATE FILE NUMBER

FILED AUG 11 1958 Registration District No. 317 Primary Registration District 537 Registrant's No. 2061

5. 300
1-57

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| 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 University City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN 4346 University City 0 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7373 Pershing | | Length of stay in lb YRS | d. STREET ADDRESS (If outside, give location) 7373 Pershing Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First GERARD Middle Last KEVIL | | | 4. DATE OF DEATH Month August Day 5th Year 1958 |
| 5. SEX Male 0 | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH JAN. 8, 1901 |
| 9. AGE (In years last birthday) 57 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Superintendent | 11. BIRTHPLACE (City and state or country) Princeton, Kentucky |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Laban Kevil | 13b. MOTHER'S MAIDEN NAME Lucy Hunter |
| 14. NAME OF HUSBAND OR WIFE Charlene Kevil | | 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. 493-01-1542 |
| 17. INFORMANT Charlene Kevil | | Address 7373 Pershing | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction Pharmalic Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 416X DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | INTERVAL BETWEEN ONSET AND DEATH 14 years + |
| 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 _____ Month, Day, Year _____ a.m. _____ p.m. _____ | |
| 20d. INJURY OCCURRED WHILE AT <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 Aug 1944 to death and last saw her alive on June 26, 1958 Death occurred at 11:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE D. Thompson MD (Degree or title) | | 22b. ADDRESS 684 No. Grand Blvd. | 22c. DATE SIGNED 8-6-58 |
| 23a. BURYAL, CREMATION, REMOVAL (Specify) | 23b. DATE Aug 7, 1958 | 23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis County Mo. |
| 24. FUNERAL DIRECTOR C.R. Lupton and sons ADDRESS 7233 Delmar | | 25. DATE RECD. BY LOCAL REG. AUG 6 '58 | 26. REGISTRAR'S SIGNATURE Herbert R. Donke, M.D. |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

deaf, colorblind, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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.