

FILED SEP 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32177
Registrar's No. 7879

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christian Hospital D</u> | | d. STREET ADDRESS (If rural, give location) <u>9 4429-Floriss Place</u> | |

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|---|----------------------------------|--|--|---|------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u> b. (Middle) <u>Wilhelmina</u> c. (Last) <u>Settlage</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 10 1949</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>July 6, 1879</u> | 9. AGE (In years last birthday) <u>70</u> | 10. MONTHS <u>2</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>XXXXXX</u> | | 11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo. D</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | | |

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|---|--|---|--|---|--|
| 13a. FATHER'S NAME <u>Henry Gronemeyer</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Dillon</u> | | 14. NAME OF HUSBAND OR WIFE <u>Henry A. Settlage Decd.</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Viola Naher</u> | |
| | | | | ADDRESS <u>4429-Floriss Pl. St. Louis, Mo.</u> | |

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|--|--|--|---|--|--|---|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>pelvic carcinomatosis</u> <u>(arising in labia)</u> DUE TO (b) <u>Myocarditis</u> | | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | <u>1948</u> <u>1946</u> | | |
| 19a. DATE OF OPERATION | | | 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |

| | | | | | |
|---|--|--|--|--|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>H.A.</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>17 box</u> | |

22. I hereby certify that I attended the deceased from 1948, 19 , to 9-10, 19 49, that I last saw the deceased alive on 9-10-49, 19 , and that death occurred at 6:45 Am., from the causes and on the date stated above.

| | | | | | | | |
|--|--|--|--|---|--|---|--|
| 23a. SIGNATURE <u>Helen</u> | | (Degree or title) | | 23b. ADDRESS <u>5074 N. Union Blvd. St. Louis 15, Mo.</u> | | 23c. DATE SIGNED <u>9-12-49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>9-13-49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Wellston, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>SEP 12 1949</u> | | REGISTRAR'S SIGNATURE <u>J.B. Jasater</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Carman Bros</u> | | ADDRESS <u>2504 Woodson Rd. Overland-14, Mo.</u> | |

WRITE PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

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 343

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

David C. Gibson

Licensed Embalmer No. 3487

P. O. Address Overland 14.76

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 this body is not embalmed, fact should be so stated above.