

FILED OCT 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32269

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8151**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	c. LENGTH OF STAY (In this place) <b>2 MOS</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <b>Bernard Nursing Home</b>		d. STREET ADDRESS (If rural, give location) <b>6207 Nottingham Ave.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Frances M.</b> b. (Middle) <b>Todebush</b> c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 20 1949</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widow</b>	8. DATE OF BIRTH <b>July 25, 1859</b>	9. AGE (In years last birthday) <b>90</b> # UNDER 1 YEAR Months <b>1</b> # UNDER 12 HRS. Days <b>25</b> Hours <b>1</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housework</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Fort Madison, Iowa</b>	12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <b>Wm. Hamschmidt.</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Human</b>	14. NAME OF HUSBAND OR WIFE <b>deceased</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <i>Frances M. Todebush</i>	ADDRESS <b>6207 Nottingham</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Wet Beri-Beri</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 mos</b>  <b>15 yrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <b>Generalized atherosclerosis very severe</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>97</b>
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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? <b>4570</b>
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22. I hereby certify that I attended the deceased from **7/8, 1949**, to **9/20, 1949**, that I last saw the deceased alive on **9/19, 1949**, and that death occurred at **12:29 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>Frances M. Todebush</i>	(Degree or title)	23b. ADDRESS <b>634 N. Grand Blvd.</b>	23c. DATE SIGNED <b>9/21/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept. 25, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Co. Missouri</b>
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DATE REC'D BY LOCAL REG. <b>SEP 21 1949</b>	REGISTRAR'S SIGNATURE <i>J. B. Lester</i>	FUNERAL DIRECTOR'S SIGNATURE <i>Bernard Todebush</i>	ADDRESS <b>1431 Union Blvd.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

63071  
Murray

1/20  
1/21

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 .....  
Student Embalmer

Signed *Robert M Murray*

Licensed Embalmer No. *3749*

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