

FILED NOV 4 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39572

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 3068 6070	Registrar's No. 4236
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Maplewood)	c. LENGTH OF STAY (in this place) 5-WKS.	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		9
d. FULL NAME OF HOSPITAL OR INSTITUTION: Maplewood Nursing Home		f. STREET ADDRESS (If rural, give location) 1496 Maryland		
3. NAME OF DECEASED a. (First) Octavia Primm b. (Middle) Miltenberger c. (Last) Dancy		4. DATE OF DEATH (Month) (Day) (Year) Oct. 25, 1949		
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W.	8. DATE OF BIRTH Aug. 9, 1863	9. AGE (In years last birthday) 86 IF UNDER 1 YEAR Months 2 Days 14 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Charles Primm		13b. MOTHER'S MAIDEN NAME Margaret Riley	14. NAME OF HUSBAND OR WIFE John J. Miltenberger	
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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. W.W. Dancy, 124 Cornelia Ave., Glendale	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Retard pleurosis DUE TO (c) age II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Hepatitis		INTERVAL BETWEEN ONSET AND DEATH 8-20-49 (at intervals) 44 days
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION No 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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-27, 1949, to Oct 26, 1949, that I last saw the deceased alive on Oct 25, 1949, and that death occurred at 3:45 p.m. from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) John H. Harrison		23b. ADDRESS 321 S. Harrison St. St. Louis, Mo.	23c. DATE SIGNED Oct 26, 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 28, 1949	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. 10-25-49	REGISTRAR'S SIGNATURE Herbert B. Wouke	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Arthur J. Donnelly 3840 Lindell Blvd.		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PLEASANT 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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed

*Thomas R. Fenwick*

Licensed Embalmer No. \_\_\_\_\_

*3793*

P. O. Address \_\_\_\_\_

*3840 Len*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

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