

FILED OCT 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34713

State File No. _____

318

1003

Registrar's No. 8259

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 8259	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Mo</u>		c. LENGTH OF STAY (In this place) <u>5 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2099	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo Baptist Hospital</u>				9. STREET ADDRESS (If rural, give location) <u>1444 E. College</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frances</u> b. (Middle) c. (Last) <u>Dallwitz</u>			4. DATE OF DEATH (Month) <u>10</u> (Day) <u>15</u> (Year) <u>1950</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>11-30-1882</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Herman Busch</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Briggeman</u>		14. NAME OF HUSBAND OR WIFE <u>Ernest Dallwitz-deceased</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>497-01-7118</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edward Busch - 1444 E. College</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hyper-glycemic shock</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>			
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, athenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitus</u>				7 yrs			
DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Heel</u>			
22. I hereby certify that I attended the deceased from <u>3/1/45</u> , 19____, to <u>10/15/50</u> , 19____, that I last saw the deceased alive on <u>10/15/50</u> , 19____, and that death occurred at <u>5 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>T. W. Delay, M.D.</u> (Degree or title)				23b. ADDRESS <u>1415 Hollybury 2 St Louis</u>		23c. DATE SIGNED <u>10/16/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/18/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO.</u>	
DATE REC'D BY LOCAL REG. <u>OCT 17 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Faraster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Edw Koch + Son - St. Louis Mo</u> <u>3576 N. 1st St</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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No.....

P. O. Address.....

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.