

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11244
Registrar's No. 11244

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)	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis Mo		a. STATE Missouri b. COUNTY	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarnate Word Hosp		d. STREET ADDRESS (If rural, give location) 2853 Accomac	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) MARY	b. (Middle)	c. (Last) ANTWEILER	(Month) (Day) (Year) 12 -30-1950
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 12-18-1960
9. AGE (In years last birthday) 86		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	
11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME George Himsl	13b. MOTHER'S MAIDEN NAME Not Known	14. NAME OF HUSBAND OR WIFE Decreased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Paul Behr 2853 Accomac

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Ch. Myocarditis			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Auric. fibrillation	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H33.1

22. I hereby certify that I attended the deceased from 12/28, 1950, to 1/30, 1951, that I last saw the deceased alive on 1/30, 1951, and that death occurred at 12:54 a.m., from the causes and on the date stated above.

23a. SIGNATURE Ralph Berg	(Degree or title)	23b. ADDRESS 3203 S Grand	23c. DATE SIGNED 1/31/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-2-1951	24c. NAME OF CEMETERY OR CREMATORY SunSet Burial Prk	24d. LOCATION (City, town, or county) (State) St. Louis MO

DATE REC'D BY LOCAL REG. JAN 1 1951	REGISTRAR'S SIGNATURE J. H. Scauter	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WINGBERMUEHLE 3819S. GRAND BLVD
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

David

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 *George J. Angbermelle*

Licensed Embalmer No. *4611*

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.