

FILED APR 27 1951

STANDARD CERTIFICATE OF DEATH

14081

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3264**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2109	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4250 Linton Ave.		d. STREET ADDRESS 4250 Linton Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Kate		b. (Middle)		c. (Last) Funke	
4. DATE OF DEATH April 20 1951		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 6 1883		9. AGE (In years last birthday) 87	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Floissant Mo.	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Elmer Gruber		ADDRESS 4250 Linton			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Ch. Hypertensive Cardiovascular Disease		19. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION		20. MAJOR FINDINGS OF OPERATION 4/20/51	
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?	
22. I hereby certify that I attended the deceased from February 19 th 1951, to April 20, 1951, that I last saw the deceased alive on May 20, 1951, and that death occurred at 8:20 P.M. from the causes and on the date stated above.					
23a. SIGNATURE Herbert H. Pruitt, M.D.		23b. ADDRESS 2739 N. Grand Blvd.		23c. DATE SIGNED 4-21-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/23/51		24c. NAME OF CEMETERY OR OREMATORY Calvary	
24d. LOCATION (City, town, or county) (State) St. Louis Mo.		24e. FUNERAL DIRECTOR'S SIGNATURE Sullivan Funeral Dir.		ADDRESS 2849 N. Euclid	
DATE REC'D BY LOCAL REG. APR 26 1951		REGISTRAR'S SIGNATURE E. B. Lantz		25. FUNERAL DIRECTOR'S SIGNATURE Sullivan Funeral Dir.	

(Licensed Embalmer's Statement on Reverse Side)

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

ml

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 Embalmer No.

Signed *Gustav Dieterle*

Signed
Student Embalmer

Licensed Embalmer No. 4329

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.