

FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25297

318

1003

State File No.

6719

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No.		Registrar's No.		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri 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 2139				
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital				13. STREET ADDRESS 5137 Pattison		0				
3. NAME OF DECEASED a. (First) Rose			b. (Middle) V. C.		c. (Last) Simanek		4. DATE OF DEATH (Month) (Day) (Year) 7/27/51			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar. 5, 1897		9. AGE (In years less birthday) 54		
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) St. Louis, Missouri			12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Leo Heinrichs			13b. MOTHER'S MAIDEN NAME Ida Richard			14. NAME OF HUSBAND OR WIFE John				
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. --		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Simanek--5137 Pattison					
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) acute myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) art & scientific causes excluded DUE TO (c) none as II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. diabetes mellitus					INTERVAL BETWEEN ONSET AND DEATH 48 hrs 3-4 hrs 2 days +	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			4201			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) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 21. X				
22. I hereby certify that I attended the deceased from Aug 1950, to 7-27, 1951, that I last saw the deceased alive on 7-26, 1951, and that death occurred at 4:50 a. m., from the causes and on the date stated above.										
23a. SIGNATURE Warren O. Serle MD					23b. ADDRESS 2739 No. St. Paul			23c. DATE SIGNED 7-27-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/30/51		24c. NAME OF CEMETERY OR CREMATORY N. St. Marcus Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri				
DATE REC'D BY LOCAL REG. JUL 27 1951		REGISTRAR'S SIGNATURE J. B. Lusiter			25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Welderle		ADDRESS 3634 Gravois			

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

Handwritten notes on the left margin.

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

Student Embalmer No.....

Signed.....

Licensed Embalmer No. 2645

P. O. Address Adonimo

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.