

FILED JAN 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318

State File No. 43384
Registrar's No. 11405

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 11405	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY 2051			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis D			
d. FULL NAME OF HOSPITAL OR INSTITUTION 5653 Waterman Ave				d. STREET ADDRESS (If rural, give location) 6220 Rosebury			
3. NAME OF DECEASED (Type or Print) a. (First) GRETCHEN			b. (Middle) SALE		c. (Last) TUHOLSKE		4. DATE OF DEATH (Month) (Day) (Year) 12 23 51
5. SEX female 1	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid. 2	8. DATE OF BIRTH - - -		9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours Mts.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at Home		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Chicago Ill 1		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Samuel Sale		13b. MOTHER'S MAIDEN NAME Rachel Goldenberg		14. NAME OF HUSBAND OR WIFE Lister Tuholske (DECEASED)			
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 Carl Glaser 5528 Waterman			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary artery thrombosis - Coronary artery thrombosis Antecedent causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary artery sclerosis DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH Few months 9 Years 9	
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) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H201				
22. I hereby certify that I attended the deceased from _____, 1950, to Dec. 22, 1951, that I last saw the deceased alive on Dec. 21, 1951, and that death occurred at 12:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Evelyn Sale (Degree or title) m.D.			23b. ADDRESS 4500 Pine - St. Louis			23c. DATE SIGNED 12/23	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 1A	24b. DATE 12/24/51	24c. NAME OF CEMETERY OR CREMATORY Mt. Sinai		24d. LOCATION (City, town, or county) St. Louis Co. (State) Mo.			
DATE REC'D BY LOCAL DEC 24 1951	REGISTRAR'S SIGNATURE Carl Smith, M.D.		FUNERAL DIRECTOR'S SIGNATURE W. Mayer		ADDRESS 4357 Lindell		

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 _____

.....
Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed *John S. Dennis*
Licensed Embalmer No. *4194*
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.