

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3271

State File No. ....

0516

FILED FEB 2 1952

318

1003

Registrar's No. ....

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

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>0516</b>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>2159</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3445 Klocke Str.</b>				d. STREET ADDRESS (If rural, give location) <b>15 3445 Klocke Str.</b>			
3. NAME OF DECEASED (Type or Print) <b>Anna</b>		a. (First)		b. (Middle) <b>P</b>		c. (Last) <b>Saler</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 16 1952</b>		5. SEX <b>F</b>		6. COLOR OR RACE <b>W.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>6/17/1875</b>		9. AGE (in years last birthday) <b>76</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Work</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Pittsfield Illinois</b>				12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <b>Charles Shadel</b>		13b. MOTHER'S MAIDEN NAME <b>Louise Yeager</b>		14. NAME OF HUSBAND OR WIFE <b>Amosiah Deceased</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>C. T. Carter, 3401 Laclede</b>			
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* <b>Carcinoma of right Breast</b>  ANTECEDENT CAUSES <b>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> <b>Metastasis</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>				INTERVAL BETWEEN ONSET AND DEATH	
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)		<b>170X</b>	
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?			
22. I hereby certify that I attended the deceased from <b>Aug 23, 1951</b> to <b>Jan 15, 1952</b> , that I last saw the deceased alive on <b>Jan 15, 1952</b> , and that death occurred at <b>4:10 PM</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Henry G. Peder, M.D.</b>				23b. ADDRESS <b>Office 3456 Gravois Avenue</b>		23c. DATE SIGNED <b>1/17/52</b>	
24a. BURIAL (CREMATION, REMOVAL) (Specify) <b>Removal</b>		24b. DATE <b>1/18/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Mausoleum</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo</b>	
DATE REC'D BY LOCAL REG. <b>JAN 17 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Schumacher Und. Co 3013 Meramec</b>			

**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.....

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.