

15097

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300

10-48

FILED MAY 1 - 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070 Registrar's No. 1038

1. PLACE OF DEATH a. COUNTY St. Louis		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) Webster Groves		c. LENGTH OF STAY (in this place) several hrs.	
c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2149	
d. FULL NAME OF HOSPITAL OR INSTITUTION Glenwood Sanitarium		d. STREET ADDRESS (If rural, give location) 14 33rd St. 3341 Lawn Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Dora		b. (Middle) Mucher	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Apr. 17 1952	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 5, 1877
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	
11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Gottlieb Schiele		13b. MOTHER'S MAIDEN NAME Waltz	
14. NAME OF HUSBAND OR WIFE Joseph Mucher			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT'S SIGNATURE OR NAME Theresa Kragh, 3341 Lawn Ave.		ADDRESS	
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 INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure following Electro shock treatment.		DUE TO (b) Cerebroarterio Sclerosis	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Agitated Depression			
19a. DATE 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) (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 <u>7/13</u> , 19 <u>51</u> , to <u>4/17</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>April 17</u> , 19 <u>52</u> , and that death occurred at <u>11:00A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Frank M. Krogan		23b. ADDRESS 1300 Grant Road	
23c. DATE SIGNED 4/18/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Apr. 19, 1952	
24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) Affton, Mo.	
DATE REC'D BY LOCAL REG. 4-18-52		REGISTRAR'S SIGNATURE Herbert R. Domke MD	
25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister Colonial Mortuary		ADDRESS 6161 Chippewa St., St. Louis, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. F. M. Grogan
1300 Grant Rd.

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 *Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *7814 8th Broadway*

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.