

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17879

State File No.

4059

5. No. 300
BY. 10. 48

MAILED MAY 19 1952

318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

5

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

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
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) OR TOWN St Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION Good Samaritan Home				d. STREET ADDRESS (If rural, give location) 12 4500 Washington 0			
3. NAME OF DECEASED (Type or Print) a. (First) Wilhelmina		b. (Middle) Crecelius		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Apr. 29, 1952	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Feb 26, 1860		9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
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) St Louis County Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Crecelius		13b. MOTHER'S MAIDEN NAME not known		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lorene Mueller 3538 Lawn			
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) <i>auricular fibrillation</i> ANTECEDENT CAUSES <i>arteriosclerotic Heart Disease</i> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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? 4200			
22. I hereby certify that I attended the deceased from 4/15, 1952, to 4/29, 1952, that I last saw the deceased alive on 4/28, 1952, and that death occurred at 7:45 a.m., from the causes and on the date stated above.							
23a. SIGNATURE <i>H. F. Bergman</i> (Degree or title) M.D.				23b. ADDRESS 3720 Washington		23c. DATE SIGNED 4/29/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5/1/52		24c. NAME OF CEMETERY OR CREMATORY St Paul Church Yard		24d. LOCATION (City, town, or county) (State) Sappington Mo	
DATE REC'D BY LOCAL REG. APR 30 1952		REGISTRAR'S SIGNATURE <i>Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L Ziegenhein & Sons 7027 Gravois			

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.