

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17987

State File No.

FILED JUN 6 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4709**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1		d. STREET ADDRESS (If rural, give location) 16 3414 S McKEAN	
3. NAME OF DECEASED a. (First) THERESA		b. (Middle) FOHR	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) MAY 20, 1952	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH SEPT. 23 1865
9. AGE (In years last birthday) 86		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIDOW	11. BIRTHPLACE (City and State or Foreign Country) HUNGARY
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	12. CITIZEN OF WHAT COUNTRY? U
13a. FATHER'S NAME JOHN BAUMGARTNER		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE UNKNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME JOHN SIEBER ADDRESS 3414 S McKEAN

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTERIOSCLEROTIC HEART DISEASE				?
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		2. ANTECEDENT CAUSES		
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
		DUE TO (b) _____		
		DUE TO (c) _____		
		3. OTHER SIGNIFICANT CONDITIONS		
		Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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? 4200

22. I hereby certify that I attended the deceased from **3-20-52**, 19____, to **5-20-52**, 19____, that I last saw the deceased alive on **5-20-52**, 19____, and that death occurred at **12:40P m.**, from the causes and on the date stated above.

23a. SIGNATURE Am. A. T. ... (Degree or title) M.D.	23b. ADDRESS 1515 Lafayette Avenue	23c. DATE SIGNED 5-20-52
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE MAY 23 1952	24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PK
		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis ADDRESS 2906 Garvin
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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

Wm C Dill

Licensed Embalmer No. 43479

P. O. Address 2906 Harris

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.