

STANDARD CERTIFICATE OF DEATH

State File No. **18362**
4068

FILED MAY 19 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** 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, Missouri**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St Louis 2079**

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis City Hospital #1**

d. STREET ADDRESS (If rural, give location) **7 5122 Oriole**

3. NAME OF DECEASED
a. (First) **FRANCES**
b. (Middle) _____
c. (Last) **NEHSE**

4. DATE OF DEATH
(Month) (Day) (Year)
APRIL 29, 1952

5. SEX **F**

6. COLOR OR RACE **W**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **W**

8. DATE OF BIRTH **3/5/68**

9. AGE (In years last birthday) **84**

10. MONTHS (Days) (Hours) (Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **H.W.**

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or foreign Country) **GERMANY**

12. CITIZEN OF WHAT COUNTRY? **4**

13a. FATHER'S NAME **Unknown**

13b. MOTHER'S MAIDEN NAME **Unknown**

14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
John Rieger 5122 Oriole

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) **Arteriosclerotic Heart Disease.**

ANTECEDENT CAUSES
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.
Anemia of undetermined cause.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY?
YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, other bldg., etc.) _____

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR **4200**

22. I hereby certify that I attended the deceased from **4-28-52**, 19____, to **4-29-52**, 19____, that I last saw the deceased alive on **4-29-52**, 19____, and that death occurred at **9:50A** m., from the causes and on the date stated above.

22a. SIGNATURE **F. J. Calverton M.D.** (Degree or title)

23b. ADDRESS **1515 Lafayette Avenue**

23c. DATE SIGNED **4-29-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **B**

24b. DATE **5/2/52**

24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery**

24d. LOCATION (City, town, or county) (State) **St Louis Mo**

DATE REC'D BY LOCAL REG. **APR 30 1952**

REGISTRAR'S SIGNATURE **J. Carl Smith M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **F. Abene 5541 Riverview**

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address St. Louis, Mo.

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.