

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37050**

OCT 29 1952

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 531		Registrar's No. 2716			
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) University City		c. LENGTH OF STAY (In this place) 10 Minutes		c. CITY (If outside corporate limits, write RURAL and give township) Hillsdale		4160			
d. FULL NAME OF HOSPITAL OR INSTITUTION 6445 Bartmer Ave				d. STREET ADDRESS (If rural, give location) 2128 Edmund Ave					
3. NAME OF DECEASED (Type or Print) Elaine Panzer			a. (First)			b. (Middle)			
c. (Last)			4. DATE OF DEATH October 19 1952			a. (Month)			
b. (Day)			c. (Year)			5. SEX Female			
6. COLOR OR RACE White			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow			8. DATE OF BIRTH March 15 1872			
9. AGE (In years last birthday) 80			10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY OWN HOME			
11. BIRTHPLACE (City and State or Foreign Country) Westphelan Germany			12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Casper Schmidt			
13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Late Oswald			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			
16. SOCIAL SECURITY NO. NONE			17. INFORMANT'S SIGNATURE OR NAME Walter H. Panzer			ADDRESS 2128 Edmund Ave			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute coronary occlusion				INTERVAL BETWEEN ONSET AND DEATH 1 hr	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) arteriosclerosis & myocarditis				DUE TO (c) year	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		21g. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21h. TIME OF INJURY (Month) (Day) (Year) (Hour)			
22. I hereby certify that I attended the deceased from 1950 , 18____, to Oct 19, 1952 , that I last saw the deceased alive on Oct 19, 1952 , and that death occurred at 7:30 P.M. , from the causes and on the date, stated above.									
23a. SIGNATURE Don W. Shane M.D.				23b. ADDRESS 4500 Lind St. St Louis Mo		23c. DATE SIGNED 10/21/52			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE October 22 1952		24c. NAME OF CEMETERY OR CREMATORY Festus Cemetery		24d. LOCATION (City, town, or county) (State) Festus Missouri			
DATE REC'D BY LOCAL REG. 10/21/52		REGISTRAR'S SIGNATURE Herbert R. Bonke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F Feutz		ADDRESS 4828 Nat Bridge Blvd			

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

4006
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County
St. Louis County
Dr. G. W. Ms Shane
Letter Bldg
4500 Olive St
1.30 to 3. P.M.

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 John A. Melvin
Licensed Embalmer No. 4186

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.