

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

19145

FILED MAY 18 1953

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4513**

I. PLACE OF DEATH
a. COUNTY _____ **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) **Saint Louis** c. LENGTH OF STAY (In this place) **30 Years**
c. CITY (If outside corporate limits, write RURAL and give township) **Saint Louis** **2/199**

d. FULL NAME OF HOSPITAL OR INSTITUTION **4232 Mc Pherson Avenue,**
d. STREET ADDRESS (If rural, give location) **19 4232 Mc Pherson Avenue, 8,**

3. NAME OF DECEASED
a. (First) **Louise** b. (Middle) _____ c. (Last) **Assmann** **4. DATE OF DEATH** (Month) (Day) (Year) **April 30th, 1953**

5. SEX **Female** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) **Widowed 2-** **8. DATE OF BIRTH** **Jan. 11th, 1864** **9. AGE** (In years last birthday) **89** **10. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **Housework** **11. BIRTHPLACE** (City and State or Foreign Country) **Germany** **12. CITIZEN OF WHAT COUNTRY?** **USA**

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) **Germany** **12. CITIZEN OF WHAT COUNTRY?** **USA**

13a. FATHER'S NAME **Henry Molkenbur** **13b. MOTHER'S MAIDEN NAME** **Charlotte (Unknown)** **14. NAME OF HUSBAND OR WIFE** **Late Ernest Assmann**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) **None** **16. SOCIAL SECURITY NO.** **Unknown** **17. INFORMANT'S SIGNATURE OR NAME** **Emilie A. Sullivan, 4232 Mc Pherson Ave.**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Myocarditis**
ANTECEDENT CAUSES **Arteriosclerosis**
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
5 yr
10 yr

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, office bldg., etc.) _____ **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ **21e. INJURY OCCURRED WHILE AT WORK** **NOT WHILE AT WORK** **21f. HOW DID INJURY OCCUR?** **4221**

22. I hereby certify that I attended the deceased from Feb 1952 to April 30, 1952, that I last saw the deceased alive on April 30, 1952, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE **H. E. Jones MD** (Degree or title) **23b. ADDRESS** **110 South Central Ave** **23c. DATE SIGNED** **May 2 53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** **24b. DATE** **5/4/53** **24c. NAME OF CEMETERY OR CREMATORY** **Valhalla Cemetery** **24d. LOCATION** (City, town, or county) (State) **St. Louis County, Missouri**

DATE REC'D BY LOCAL REG. **MAY 4 1953** **REGISTRAR'S SIGNATURE** **Calvin F. Feutz MD** **25. FUNERAL DIRECTOR'S SIGNATURE** **Calvin F. Feutz, 4828 Natural Bridge Blvd.** **ADDRESS** _____

(Licensed Embalmer's Statement on Reverse Side)

Filed in City

Between 2:00 PM & 4:30 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. Mlinar

Licensed Embalmer No.

4186

P. O. Address

St. Louis 9

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.