

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 27 1953

318

PRIMARY REG. DIST. NO.

1003

State File No.

37469

9293

Registrar's No.

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					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. CITY OR TOWN St. Lemay 4870		b. COUNTY St. Louis			
c. LENGTH OF STAY (in this place) 4 1/2 days				d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony's Hospital				e. STREET ADDRESS (If rural, give location) 366 Goetz					
3. NAME OF DECEASED (Type or Print) Emma			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) Sept. 25, 1953									
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 20, 1876		9. AGE (In years last birthday) 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) St. Genevieve, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME George Naumann			13b. MOTHER'S MAIDEN NAME Mary Jokerst			14. NAME OF HUSBAND OR WIFE Charles Niemuth			
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. -----		17. INFORMANT'S SIGNATURE OR NAME Mrs. Viola Seemayer-			ADDRESS Kirkwood, Mo.	
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) <u>Arteriosclerotic HT Disease</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input 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) (Minute)		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 <u>9-20</u> , <u>1953</u> , to <u>9-25</u> , <u>1953</u> , that I last saw the deceased alive on <u>9-24</u> , <u>1953</u> , and that death occurred at <u>4:40A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>John J. O'Neil M.D.</u>				23b. ADDRESS <u>3209 S. 1st</u>		23c. DATE SIGNED <u>9-25-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Sept. 28, 1953		24c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri			
DATE REC'D BY LOCAL REG. SEP 28 1953		REGISTRAR'S SIGNATURE <u>J. Charles Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wacker, Elders</u>		ADDRESS 3634 Gravois Ave.			

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No.....
P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.