

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7231

State File No. ....

FILED FEB 18 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 210

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>VALLEY PARK</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>	
c. LENGTH OF STAY (in this place) <u>3 days</u>		2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cedarcroft</u>		d. STREET ADDRESS (If rural, give location) <u>35-25 Bingham</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUISE</u> b. (Middle) <u>MOLLY</u> c. (Last) <u>FESTI</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 23-1954</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>Jan 17, 1869</u>		9. AGE (In years last birthday) <u>85</u>		10. UNDER 1 YEAR Months <u>6</u>		11. UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>HOME DUSTRY</u>			11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>George Reese</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Nagel</u>			14. NAME OF HUSBAND OR WIFE <u>Robert J. Festi</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Grace M. Reed, Valley Park, Mo</u>			
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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) <u>Corny Heart Lesn</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertens Heart Lesn</u> 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 <u>12 hr</u> <u>yes</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 1-20, 1954 to 1-23, 1954, that I last saw the deceased alive on 1-23, 1954, and that death occurred at 12:55 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>M. Kumbma</u> (Degree or title)		23b. ADDRESS <u>3409 Union</u>		23c. DATE SIGNED <u>1-27-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 26, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>S.S. Peter &amp; Paul</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>1/24/54</u>		REGISTRAR'S SIGNATURE <u>Robert B. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Hoffmeister Colonial Mortuary, 6264 Chippewa Street, St. Louis 9, Mo.</u>	
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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.....

*Harry J. Schencko*  
.....  
Licensed Embalmer No. *2679*

P. O. Address.....

*7814 S Broadway*

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.