

FILED MAY 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

590

14472

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546 Registrar's No. 979

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 <u>St. Louis</u>	
b. CITY OR TOWN <u>Rock Hill</u>		c. CITY OR TOWN <u>Rock Hill</u>	
c. LENGTH OF STAY (In this place) <u>3 months</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9314 Manchester</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9314 Manchester</u>		e. STREET ADDRESS (If rural, give location) <u>9314 Manchester</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Muster</u> c. (Last) <u>Mary</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-25-1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>11-25-1866</u>		9. AGE (In years last birthday) <u>87</u>		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Unknown</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>	

17. INFORMANT'S SIGNATURE OR NAME <u>Herman Musterman</u>		ADDRESS <u>332X Wisner</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebral Thrombosis</u> <u>4 days</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, 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) <u>Arteriosclerosis.</u>		?	
		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 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?	

22. I hereby certify that I attended the deceased from 11/1, 1953, to 4/25, 1954, that I last saw the deceased alive on 4/22, 1954, and that death occurred at 1:30 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Earl Brand MD</u>		23b. ADDRESS <u>120 E Lockwood Webster</u>		23c. DATE SIGNED <u>4-26-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-27-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Hebanon Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>St Louis County Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter R. Amberg</u>		ADDRESS <u>Overland Mo</u>	

DATE REC'D BY LOCAL REG. 4/26/54 REGISTRAR'S SIGNATURE Walter R. Amberg ADDRESS Overland Mo
(Licensed Embalmer) (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 *Al C. Ortman*.....

Licensed Embalmer No. *3472*

P. O. Address: *Overland*.....

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.