

FILED JUN 24 1954

STANDARD CERTIFICATE OF DEATH

State File No. 21049

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

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4642			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE mo				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4150 E Botanical				e. STREET ADDRESS (If rural, give location) 17 4150 Botanical					
3. NAME OF DECEASED (Type or Print) a. (First) Maria			b. (Middle) _____			c. (Last) Noytats			
4. DATE OF DEATH (Month) (Day) (Year) 5-22-1954		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH (of last birthday) Apr 9-1885	
9. AGE (In years) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		11. BIRTHPLACE (City and State or Foreign Country) Rade Estonia		12. CITIZEN OF WHAT COUNTRY? ?			
13a. FATHER'S NAME Juri Seaburne			13b. MOTHER'S MAIDEN NAME Fineman			14. NAME OF HUSBAND OR WIFE Arthur			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Hydia Wilbma				ADDRESS 4150 E Botanical	
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) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma Malignant Carcinoma Primary in uterus						INTERVAL BETWEEN ONSET AND DEATH 6 years	
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? 4221 H					
22. I hereby certify that I attended the deceased from June 12, 1952 , to May 22, 1954 , that I last saw the deceased alive on May 17, 1954 , and that death occurred at 1:29 m., from the causes and on the date stated above.									
23a. SIGNATURE J. Schatz				(Degree or title) NO U		23b. ADDRESS 2813 E Water Blvd		23c. DATE SIGNED 5/22/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-22-54		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) Farmington		(State) mo	
DATE REC'D BY LOCAL REG. MAY 25 1954		REGISTRAR'S SIGNATURE J. Carl Smith			25. FUNERAL DIRECTOR'S SIGNATURE W. C. Egan		ADDRESS Funeral Home Farmington mo		

(Licensed Embalmer's Statement on Reverse Side)

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. 430

P. O. Address *St Louis*

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.