

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

44272

State File No. _____
Registrar's No. 2865

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves</u>		c. CITY OR TOWN <u>Webster Groves</u>	
c. LENGTH OF STAY (in this place) <u>29 yrs</u>		d. Is 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 <u>233 Chestnut Ave.</u>		STREET ADDRESS (If rural, give location) <u>233 Chestnut Ave.,</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Stella</u> b. (Middle) <u>Herpel</u> c. (Last) <u>Simonsen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 11, 1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Jan. 9, 1889</u>		9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.	
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>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Martin Herpel</u>		13b. MOTHER'S MAIDEN NAME <u>Lillian Schulz</u>		14. NAME OF HUSBAND OR WIFE <u>William H. Simonsen</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-38-1204</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm. H. Simonsen 233 Chestnut Ave.,</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		ANTECEDENT CAUSES		<u>5 days</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<u>12 yrs</u>	
DUE TO (b) <u>Severely atherosclerosis</u>		DUE TO (c) <u>Myocarditis</u>		<u>5 yrs</u>	
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) (Min.)		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 July, 1949, to Dec 11th, 1954, that I last saw the deceased alive on Dec 11th, 1954, and that death occurred at 2:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Norman C. Edwards M.D.</u>		23b. ADDRESS <u>9th W. Big Bend Rd. Webster Groves</u>		23c. DATE SIGNED <u>12-12-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-14-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>12/13/54</u>		REGISTRAR'S SIGNATURE <u>Heather K. Stomberg</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mittelberg Funeral Home, Inc. 73 W. Lockwood Ave Webster Groves, Mo.</u>	
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(Licensed Embalmers' placement on Reverse Side)

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

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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..... *Paul A. Wachte*

Licensed Embalmer No. *472*

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.