

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6848

State File No.

FILED MAR 1 1955

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 368

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> <u>4000</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> <u>4</u> b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson</u> | c. LENGTH OF STAY (In this place) <u>1 Month</u> | c. CITY OR TOWN <u>St. Louis</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>Miller Nursing Home</u> | | STREET ADDRESS (If rural, give location) <u>4146 Flora Blvd</u> <u>2179</u> | |

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| 3. NAME OF DECEASED (Type or Print) <u>Katie Hain</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 11 1955</u> | |
| a. (First) | b. (Middle) | c. (Last) | | |
| 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>July 29 1858</u> | 9. AGE (In years last birthday) <u>96</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 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>HOME</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Boonville Mo</u> <u>0</u> | |
| | | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |

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| 13a. FATHER'S NAME <u>Charles Fox</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary UNK.</u> | | 14. NAME OF HUSBAND OR WIFE <u>Henry C. Hain Dec.</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. J.H. Harper 4146 Flora Ave</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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis Chronica</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture Hip</u> <u>Deceasid</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u> | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>None</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis</u> <u>9030</u> <u>Mo</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11 - 8.1954</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Fell on the floor.</u> |

22. I hereby certify that I attended the deceased from 11-8, 1954, to 2-11, 1955, that I last saw the deceased alive on 2-9, 1955, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Philip Schrock M. R. O</u> | 23b. ADDRESS <u>1703 S Grand</u> | 23c. DATE SIGNED <u>2-12-55</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u> | 24b. DATE <u>Feb 14 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</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>2-12-55</u> | REGISTRAR'S SIGNATURE <u>Herbert R. Donker M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Weick Bros 2201 S Grand Blvd.</u> |
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52w (Licensed Embalmer's Statement on Reverse Side)

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

1703 S Grand Blvd

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 *Bill C. Drans*.....

Licensed Embalmer No. *42*.....
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.