

FILED JUN 10 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16903

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4527**

|  |                                  |  |   |
|--|----------------------------------|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE<br><b>Missouri</b><br>b. COUNTY  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>St. Louis</b>  |                                  | c. CITY OR TOWN <b>St. Louis</b>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Christian Hospital</b>   |                                  | e. STREET ADDRESS (If rural, give location)<br><b>4268a N. 21st St.</b>  |   |
| 3. NAME OF DECEASED<br>(Type or Print) <b>Mildred</b>  |                                  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>May 22 1955</b>   |   |
| a. (First)   |                                  | b. (Middle)  |   |
| c. (Last)  |                                  |  |   |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>   | 8. DATE OF BIRTH<br><b>Sept. 11, 1904</b> |
| 9. AGE (In years last birthday) Months Days<br><b>50 yrs</b>   |                                  | 10. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housework</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Housework</b>  |   |
| 11. BIRTHPLACE (City and State or Foreign Country)<br><b>St. Louis, Missouri.</b>  |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |   |
| 13a. FATHER'S NAME<br><b>William Kuester</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Schutz</b>  |   |
| 14. NAME OF HUSBAND OR WIFE<br><b>Fred. F. Pearson</b>   |                                  |  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>Unknown</b>  |   |
| 17. INFORMANT'S SIGNATURE OR NAME<br><b>Mr. Fred. F. Pearson</b>   |                                  | ADDRESS<br><b>4268a N. 21st St. 7</b>  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                       |                                  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>atherosclerosis</b><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>YES <input checked="" type="checkbox"/> NO <input 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?<br><b>4201</b>  |                                  |  |   |
| 22. I hereby certify that I attended the deceased from <b>5-22-1955</b> , to <b>5-22-1955</b> , that I last saw the deceased alive on <b>5-22-1955</b> , and that death occurred at <b>10:45 Pm.</b> , from the causes and on the date stated above. |                                  |  |   |
| 23a. SIGNATURE<br><b>R. E. Morris MD</b>   |                                  | 23b. ADDRESS<br><b>4110 W. Florissant Ave.</b>   |   |
| 23c. DATE SIGNED<br><b>5-23-55</b>   |                                  |  |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  |                                  | 24b. DATE<br><b>May 26, 1955</b>   |   |
| 24c. NAME OF CEMETERY OR CREMATORY<br><b>St. John's Cemetery</b>   |                                  | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Missouri.</b>  |   |
| DATE REC'D BY LOCAL REG.<br><b>MAY 23 1955</b>   |                                  | REGISTRAR'S SIGNATURE<br><b>Carl Smith</b>   |   |
| 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>CALVIN F. FEUTZ</b>   |                                  | ADDRESS<br><b>4828 Nat'l. Bridge Blvd. 15</b>  |   |

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 *John A. Melina*

Licensed Embalmer No. *448*

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.