

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17806

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 3862

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI 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 checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION 974 RIVERVIEW				e. STREET ADDRESS (If rural, give location) 8 974 RIVERVIEW							
3. NAME OF DECEASED (Type or Print) a. (First) MINNIE			b. (Middle) W.		c. (Last) EARLEY		4. DATE OF DEATH (Month) (Day) (Year) APRIL 17, 1956				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JAN. 15, 1885		9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 14 HRS. Days	IF UNDER 14 HRS. Hours	IF UNDER 14 HRS. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MISSOURI		12. CITIZEN OF WHAT COUNTRY? U S A					
13a. FATHER'S NAME JOHN BUCHFELDER			13b. MOTHER'S MAIDEN NAME CATHERINE LYNCH		14. NAME OF HUSBAND OR WIFE JOHN EARLEY						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 494-26-2204		17. INFORMANT'S SIGNATURE OR NAME WINIFRED EARLEY				ADDRESS 974 RIVERVIEW			
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) <i>Arteriosclerotic heart disease</i> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, 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. DUE TO (b) _____ 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 420.0				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) (m.)		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 <i>Jan 5, 1948</i> , to <i>Apr 17, 1956</i> , that I last saw the deceased alive on <i>April 16, 1956</i> , and that death occurred at <i>1:15 a.m.</i> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <i>Henry C. Westerman, M.D.</i>				23b. ADDRESS <i>2136 East Grand Ave</i>				23c. DATE SIGNED <i>4-17-56</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE <i>4-19-1956</i>		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI					
DATE REC'D BY LOCAL REG. APR 18 1956		REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT CARROLL 4600 NATURAL BRIDGE					

(Licensed Embalmer's Statement on Reverse Side)

S.P.

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

300
48

DR H. C. WESTERMAN
2136 E. GRAND
GA 1-5169
1:00 - 3:00

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 M. W. Rietter
.....

Licensed Embalmer No. 48
.....

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.