

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

439977

FILED JAN 15 1957

Registration District No. **318** Primary Registration District No. **1003** STATE FILE NUMBER **11969**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Ziegler		812 ⁰ Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital			Length of stay in 1b		d. STREET ADDRESS R.R.		(If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) KATHERINE <i>First</i> TERANDO <i>Last</i>				4. DATE OF DEATH 12-24-56 <i>Month Day Year</i>					
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 26, 1897		9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months Days Hours 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 country) Springvalley, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME John Van Schaick				14. MOTHER'S MAIDEN NAME Katherine Kantor					
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. none		17. INFORMANT Joseph Terando (husband) Ziegler, Illinois					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage, Subarachnoid Spont. DUE TO (b) Aneurysm, Saccular, Rt internal carotid artery DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 330X							INTERVAL BETWEEN ONSET AND DEATH Upper 18 hrs		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 12-21-56 to 12-24-56 and last saw her alive on 12-23-56 Death occurred at 4:50 A. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE George E. Ronchar md (Degree or title)				22b. ADDRESS 3720 Washington Avenue				22c. DATE SIGNED 12-26-56	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 12-25-56		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Ziegler, Illinois			
24. FUNERAL DIRECTOR Van Trease, Ziegler, Ill.				25. DATE RECD. BY LOCAL REG. DEC 28 1956		26. REGISTRAR'S SIGNATURE J. Carl Smith md			

(Licensed Embalmer's Statement on Reverse Side)

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No symptoms were reported.
Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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..... *Thomas W. Fritz*

Licensed Embalmer No... *36*

P. O. Address..... *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.