No. 300
10-48

FILED FEB 6 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3221

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clayton
c. LENGTH OF STAY (in this place) 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis Co. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY St. Louis
c. CITY OR TOWN Richmond Heights
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location) 1141 Brentwood Blvd.

451 F

3. NAME OF DECEASED (Type or Print) a. (First) Ruth b. (Middle) P c. (Last) Severin

4. DATE OF DEATH (Month) (Day) (Year) Jan. 3, 1957

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M

8. DATE OF BIRTH 9/23/1892

9. AGE (In years last birthday) 64 — IF UNDER 1 YEAR Months 3 Days 10 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Work

10b. KIND OF BUSINESS OR INDUSTRY International Shoe

11. BIRTHPLACE (City and State or Foreign Country) St. Louis

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Weis

13b. MOTHER'S MAIDEN NAME Catherine Nugent

14. NAME OF HUSBAND OR WIFE Charles A. Severin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) -----

16. SOCIAL SECURITY NO. 498-01-2656

17. INFORMANT'S SIGNATURE OR NAME Charles A. Severin — ADDRESS 1141 Brentwood Blvd Richmond Hgts

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the Stomach — INTERVAL BETWEEN ONSET AND DEATH Unknown

ANTECEDENT CAUSES

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 151X

20. AUTOPSY? YES [ ] NO [X]

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 [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-27, 1956, *to* 1-3, 1957, *that I last saw the deceased alive on* 1-3, 1957, *and that death occurred at* 6:55 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE John W. Blaisch (Degree or title) MD

23b. ADDRESS 601 S. Brentwood, Clayton, Mo

23c. DATE SIGNED 1-3-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1-5-57

24c. NAME OF CEMETERY OR CREMATORY Valhalla

24d. LOCATION (City, town, or county) (State) St Louis Co. Mo

DATE REC'D BY LOCAL REG. 1-3-57

REGISTRAR'S SIGNATURE Herbert R. Domin MD

25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Bopp Inc. — ADDRESS Kirkwood

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Francis J. Weyland Jr.....

Licensed Embalmer No. 4512

P. O. Address Richmond, V

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