

STANDARD CERTIFICATE OF DEATH

6753

STATE FILE NUMBER 1103

FILED FEB 25 1957

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 1103

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, give TOWNSHIP only) OR TOWN Saint Louis			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3808 Ashland Avenue			Length of stay in lb Life	d. STREET ADDRESS 3808 Ashland Avenue		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Emma Middle M. Last Whitney				4. DATE OF DEATH Month Jan. Day 31 Year 1957			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH January 9, 1867		9. AGE (In years last birthday) 90 yrs	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework			10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Fred Reitz				14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. NONE		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mr. Edwin Whitney, 3808 Ashland Avenue 7			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Die Hypertensive Heart Disease with myocardial degeneration and congestive left cardiac failure.</i> DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <i>Generalized Arteriosclerosis</i>							INTERVAL BETWEEN ONSET AND DEATH 5 years
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 <i>Nov-10-56</i> to <i>Jan-31-57</i> and last saw <i>her</i> alive on <i>Jan-30-57</i> . Death occurred at <i>1:20 P.</i> on the <i>day</i> stated above; and to the best of my knowledge from the causes stated.							
22a. SIGNATURE <i>Thomas A. Weyland M.D.</i>				22b. ADDRESS <i>3301 - 50th St St Louis, Mo</i>		22c. DATE SIGNED <i>2-1-57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Feb. 4, 1957	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri.		
24. COUNTY DIRECTOR'S ADDRESS P. PEUTZ FUNERAL HOME, INC. 4828 NATURAL BRIDGE BLVD. 15				25. DATE RECD. BY LOCAL REG. FEB 4 57		26. REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 Coroner cannot certify to a death due to natural causes.  
 diseases in Part I must be causally related.  
 Doctor, coroner, etc. must use only standard nomenclature in item 18. Do not use symptoms or signs in item 18.

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 *Ralph C. Zindler*.....

Licensed Embalmer No. 42

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.