

FILED MAR 28 1957

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

11238

 Health,
 & Welfare
 Public
 Service

318

1003

STATE FILE NUMBER

1658

Registration District No.

Primary Registration District No.

Registrar's No.

| | | | |
|--|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN 1346 University City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL | | Length of stay in hb 1 hr. | d. STREET ADDRESS (If outside, give location) 27 7200 Princeton Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Rachel Middle NMN Last Wagner | | | 4. DATE OF DEATH Month Feb. Day 16, Year 1957 |
| 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 Dec. 25, 1884 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months Days Hours Min. |
| 11. BIRTHPLACE (City and state or country) Roumania | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME Unk. Davis | | 14. MOTHER'S MAIDEN NAME Unk. | |
| 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. Unk. | 17. INFORMANT Mrs. Mina Schaeffer 7200 Princeton Address |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease | | | INTERVAL BETWEEN ONSET AND DEATH 5 years |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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) Kyphoscoliosis | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 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 _____ 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 420.0 COUNTY STATE |
| 21. I attended the deceased from Feb. 10, 1956 to Feb. 16, 1957 and last saw her live on Feb. 16, 1957 Death occurred at 7:15 P. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE PH Prudeney (Degree or title) M. D. | | 22b. ADDRESS BARNES HOSPITAL | 22c. DATE SIGNED 2/17/57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Rem. | 23b. DATE 2/19/57 | 23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth | 23d. LOCATION (City, town, or county) (State) University City, Mo. |
| 24. FUNERAL DIRECTOR Berger Memorial 4815 McPherson ADDRESS | | 25. DATE RECD. BY LOCAL REG. FEB 18 '57 | 26. REGISTRAR'S SIGNATURE Carl Smith MD mds |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

(Licensed Embalmer's Statement on Reverse Side)

St. Louis

1901

x

University City

x

St. Louis

2500 Princeton

1 hr.

75

Dec. 25, 1884

x

White

USA

Hermann

Horsewife

Unk.

Unk. Davis

~~no. 2500 Princeton~~

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 *Lawrence J. Davis*
Licensed Embalmer No. 39

P. O. Address

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.

University City, Mo. 2/10/27

Berber Memorial Arts Museum