Health, & Welfare Public Service

S. 300
1-56

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15738
STATE FILE NUMBER

FILED APR 29 1957

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 967

1. PLACE OF DEATH a. COUNTY St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Beverly Hills — Inside Limits Yes # No ☐	c. CITY OR TOWN Ferguson 4119 — Inside Limits Yes # No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Mother of Good Council, Length of stay in 1b 6 yrs	d. STREET ADDRESS (If outside, give location) 238 Randolph — Reside on Farm Yes # No ☐

3. NAME OF DECEASED (Type or print) First ANNA Middle AGNES Last GERSMAN		4. DATE OF DEATH Month Day Year April 11, 1957	
5. SEX Female 1	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED 2 # DIVORCED ☐	8. DATE OF BIRTH July 3, 1880
9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. 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 Home	11. BIRTHPLACE (City and state or country) St. Louis, Missouri 0	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Frank McDonald		14. MOTHER'S MAIDEN NAME Margaret Gunning	
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. 499-26-3155	17. INFORMANT Address Mrs Chas. A. Hannegan, 238 Randolph	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH Immediate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Hemoplegia '2' '51 331X

19. WAS AUTOPSY PERFORMED? YES ☐ NO # 2

20a. ACCIDENT ☐ SUICIDE none HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) none
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year	none
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) none — 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec 51, to Apr. 11 57 and last saw her alive on Apr. 9 57

Death occurred at 8:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M E Stachle MD 0	22b. ADDRESS 7124 Natural Bridge	22c. DATE SIGNED 4.12.57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-13-57	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri		
24. FUNERAL DIRECTOR ADDRESS WHITE CHAPEL, FERGUSON, MO.	25. DATE RECD. BY LOCAL REG. 4-12-57	26. REGISTRAR'S SIGNATURE Herbert R. Donke MD

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Eleuan Provinee

Licensed Embalmer No. 3403

P. O. Address Jennings, M

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