

## STANDARD CERTIFICATE OF DEATH

29848

STATE FILE NUMBER

FILED AUG 30 1957

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

7332

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institutional Residence before admission) a. STATE Missouri b. COUNTY <i>St. Louis</i>										
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 Jennings		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>								
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Christian Hos.			Length of stay in lb		d. STREET ADDRESS 88711 Acacia Dr.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First ANNA Middle M. Last OLIVER				4. DATE OF DEATH Month Aug. Day 5-57 Year										
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 Sept. 26-1884		9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13. FATHER'S NAME Unknown						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)				16. SOCIAL SECURITY NO. None		17. INFORMANT Address Bert Oliver 58711 Acacia Dr								
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Insufficiency Arteriosclerotic Heart Disease Diabetes Mellitus DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Diabetes Mellitus PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). 260x										INTERVAL BETWEEN ONSET AND DEATH 6 weeks 20 yrs. unknown				
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 25 June to 5 Aug. and last saw her alive on 5 Aug. '57. Death occurred at 3:10 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.														
22a. SIGNATURE (Degree or title) Leonard J. Kopp, M.D.						22b. ADDRESS 6917 W. Florissant			22c. DATE SIGNED 6 Aug 57					
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Aug. 8-57		23c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery			23d. LOCATION (City, town, or county) (State) St. Louis C. Missouri							
24. FUNERAL DIRECTOR Leidner Und. Co. 2223 St. Louis Ave.						25. DATE RECD. BY LOCAL REG. AUG 6 57		26. REGISTRAR'S SIGNATURE Carl Smith MD						

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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-56

with, self, public, office

**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..... *Albert Mappier*

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.