...t. Health, ..., & Welfare ... S. Public ...lth Service

...S. 300 ...v. 1-56

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FILED DEC 9 - 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

43039

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2881

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Manchester — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Manchester Nurs. Home — Length of stay in 1b 1½ yr.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Manchester 4000 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) Manchester Nurs Home — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Middle Last: Emma Danzer

4. DATE OF DEATH Month Day Year: Nov. 17 1957

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH: Sept. 25 1867
9. AGE (In years last birthday): 90. — 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): At Home
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (City and state or country): Germany 4
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dalmer
14. MOTHER'S MAIDEN NAME: Unknown.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service) no.
16. SOCIAL SECURITY NO.: no.
17. INFORMANT: Carl Danger — Address: 6027 Eitman Av.

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): CARDIO - VASCULAR DISEASE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): SENILITY
DUE TO (c): 4221
INTERVAL BETWEEN ONSET AND DEATH: ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): NONE

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from MAY 1, 1957, to Nov. 17, 1957 and last saw her ~~him~~ alive on Nov 17, 1957
Death occurred at 6 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): B. R. Loving MD
22b. ADDRESS: BALLWIN, Mo
22c. DATE SIGNED: 11-18-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
23b. DATE: 11-20-57.
23c. NAME OF CEMETERY OR CREMATORY: Valhalla Crematory
23d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

24. FUNERAL DIRECTOR — ADDRESS: Witt Bros. L. & U. Co. 2929 S. Jefferson
25. DATE RECD. BY LOCAL REG.: 11-18-57
26. REGISTRAR'S SIGNATURE: Herbert A. Dombe MD

(Licensed Embalmer's Statement on Reverse Side)

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

...ering the medical certification in the specific manner required by 193.140 MoRS 1949.

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Harold C. Witt.....

Licensed Embalmer No. 435

P. O. Address St. Louis,

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