

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43095  
STATE FILE NUMBER

FILED DEC 9 - 1957

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2877

300  
-57

1. PLACE OF DEATH a. COUNTY <b>St. Louis.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis.</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Mehlville</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Mehlville</b> <b>4000</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rt. 8 Box 1695</b>		Length of stay in lb <b>2 1/2 Yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>Rt. 8 Box 1695</b>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <b>Rosa</b>	Middle <b>D.</b>	Last <b>Santhuff</b>	Month <b>Nov. 15,</b>	Day <b>1957</b>	Year

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 12, 1880</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	11. BIRTHPLACE (City and state or country) <b>Ellington, Missouri.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>James Pyles</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth, Copeland.</b>	14. NAME OF HUSBAND OR WIFE <b>Burgess Santhuff (Dcsd)</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No. MI.</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Jennie Santhuff, Rt. 8 Box 1695 Mehlville</b>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chronic Myocarditis</b>		Mo.	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Sensitivity</b>		
	DUE TO (c) <b>4222</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? <b>2</b> YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
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20d. INJURY OCCURRED WHILE AT <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 <b>Lemay, St. Louis Co. Mo</b>	COUNTY	STATE
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21. I attended the deceased from Death occurred at <b>11/15/57</b> to <b>11/15/57</b> I last saw her alive on <b>11/15/57</b> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>[Signature]</b> (Deceased's)	22b. ADDRESS <b>Imperial Mo</b>	22c. DATE SIGNED <b>11/15/57</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>11-15-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Local</b>	23d. LOCATION (City, town, or county) <b>Ellington, Mo.</b>	(State)
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24. FUNERAL DIRECTOR <b>Albert H. Hoppe</b>	ADDRESS <b>4700 Washington, Blvd.</b>	25. DATE RECD. BY LOCAL REG. <b>11-18-57</b>	26. REGISTRAR'S SIGNATURE <b>Herbert B. Donke MD</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Etienne Remelius* .....

Licensed Embalmer No. *4283* .....

P. O. Address *St. Louis, Mo* .....

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.