

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45574

STATE FILE NUMBER

12495

FILED JAN 13 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SAINT LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN SAINT LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA CHRISTIAN HOSH.		Length of stay in lb *****		d. STREET ADDRESS 4132 WEST PINE BLVD.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MIDDLE Last HARRIET B. AUSTIN				4. DATE OF DEATH Month Day Year December 24th, 1957			
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 Nov. 27th, 1882	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Ava, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John W. Jones				14. MOTHER'S MAIDEN NAME (Unknown) Thompson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs. Ethel Derruau, 4132 West Pine Blvd., 8			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>coronary thrombosis</i> DUE TO (b) <i>arteriosclerotic heart disease</i> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						INTERVAL BETWEEN ONSET AND DEATH <i>minutes</i> <i>1 1/2 years</i>	
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.) <i>420.0</i>	
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 <i>Dec. 7, 1956</i> to <i>Dec. 24, 1957</i> and last saw her <i>him</i> alive on <i>Dec. 24, 1957</i> Death occurred at <i>11:45 A. M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Decease or title) <i>William H. Grundmann, M.D.</i>				22b. ADDRESS <i>3118 N. Grand St., St. Louis 7</i>		22c. DATE SIGNED <i>12/26/57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>12/28/57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Valhalla Mausoleum</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis County, Missouri</i>		
24. FUNERAL DIRECTOR <i>WALTER F. PUTZ, 4828 Natural Bridge Blvd., St. Louis, Missouri.</i>				25. DATE RECD. BY LOCAL REG. <i>DEC 27 57</i>		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>	

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare
S. Public Health Service
S. 300
v. 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.
Securing the medical certification in the specimen manner required by 193-140-616RS 1949.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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20.

1:00 PM to 3:00PM
Thursday.

File in City

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 *Ralph E. Linder*

Licensed Embalmer No. 427

P. O. Address *St. Louis*

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.