

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.  
 Recording and medical certification in this specific manner required by 193.140 MoRS 1949.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 MEDICAL CERTIFICATION

FILED JAN 13 1958

STANDARD CERTIFICATE OF DEATH

45803  
STATE FILE NUMBER  
12354  
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

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 ST. LOUIS, MO.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 25 ST. LOUIS CITY HOSP.		Length of stay in lb #1.		# STREET ADDRESS 15 4247 Gertrude	
3. NAME OF DECEASED (Type or print) First Middle Last ADDIE FIGGE			4. DATE OF DEATH Month Day Year DEC. 22, 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 Sept. 12, 1882	9. AGE (In years last birthday) 75	10. FUNDING YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) St. Louis, Missouri	
10c. CITIZENSHIP (If naturalized, give date and place) U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Joseph H. Gelzheuser		13b. MOTHER'S MAIDEN NAME Elise Lambrecht		14. NAME OF HUSBAND OR WIFE Julius Figge	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address E. Gelzheuser - 3257b Michigan Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) STAPHYLOCOCCAL SEPTICEMIA Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) PYODERMA 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 (c). GENERALIZED ARTERIOSCLEROSIS					INTERVAL BETWEEN ONSET AND DEATH ONE DAY ONE WEEK THREE YEARS
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.) 260x			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 12/22/57	
21. I attended the deceased from 12/18/57 to 12/22/57 and last saw her him alive on 12/22/57 Death occurred at 2:15 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Daniel I. Mullally, M.D.			22b. ADDRESS 1515 LAFAYETTE AVE.		22c. DATE SIGNED 12/23/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 26, 1957		23c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery	
				23d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
24. FUNERAL DIRECTOR ADDRESS WACKER-HELDERLE-3634 Gravois Ave.			25. DATE RECD. BY LOCAL REG. DEC 24 57		26. REGISTRAR'S SIGNATURE J. Pearl Smith MD M.D.B.

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 *Gustav W. Suter*  
*Robert [unclear]*

Licensed Embalmer No. *4329*  
*2928*

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.