

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

46667

STATE FILE NUMBER

FILED JAN 13 1958

Registration District No. 319 Primary Registration District No. 547 Registrar's No. 3319

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits TOWN Kirkwood Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN 4770 WEAVER GROVES No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION White Oaks 6 wks.		d. STREET ADDRESS (If outside, give location) Reside on Farm 227 West Big Bend Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Nursing Home Katherine A. Conterno		4. DATE OF DEATH Month Day Year 12 29 57	
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 May 5, 1869
9. AGE (In years last birthday) 88		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and state or country) Belleville, Ill.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Dominic Germaine		14. MOTHER'S MAIDEN NAME Emilie Tribut	
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 Mr. Wm. Thomson, 227 West Big Bend
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAL INSUFFICIENCY, acute Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIO SCLEROTIC HEART DISEASE DUE TO (c) ARTERIO SCLEROSIS GENERALIZED			INTERVAL BETWEEN ONSET AND DEATH 2 days 4 yrs 10 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) ARTERIAL HYPERTENSION - 10 YRS			19. WAS AUTOPSY PERFORMED? 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.) 4200	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
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 COUNTY STATE	
21. I attended the deceased from 28 July '47 to 29 Dec '57 and last saw her alive on 27 Dec '57 Death occurred at 12:30 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John W. Seddon M.D.		22b. ADDRESS 4500 West Pine Blvd St. Louis 8, Mo	
		22c. DATE SIGNED 30 Dec '57	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 12/31/57	
23c. NAME OF CEMETERY OR CREMATORY Lake Charles Cem.		23d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
24. FUNERAL DIRECTOR ADDRESS Drehmann-Harral 1905 Union		25. DATE REC'D. BY LOCAL REG. 12-30-57	
		26. REGISTRAR'S SIGNATURE Herbert B. Danke MD ao	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

Health, & Welfare Public Health Service

300 1-56

John Seddon  
Dr. F. F. Jean  
4500 W. Pine

Ho. 1-5400  
Hrs. 2 - 4 Mon.

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 R. Thompson*

Licensed Embalmer No. *423*

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.