

Health, Welfare, Public Service, 300 -56, diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008249
STATE FILE NUMBER

FILED MAR 5 - 1958

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 387

1. PLACE OF DEATH a. COUNTY St. Louis				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 Webster Groves 19,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis 9,		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bethesda home		Length of stay in lb 1 Month		d. STREET ADDRESS 5017a Devonshire		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Anna Middle (NMI) Last Deicke				4. DATE OF DEATH Month February Day 7 Year 1958				
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 6, 1871		9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired from pack. Dept. Rice-Stix		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Charles Deicke				14. MOTHER'S MAIDEN NAME Mathilda Foerster				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. UNK		17. INFORMANT Address Miss Irene M. Deicke 6110 Etzel 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) Carcinoma of the Liver Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic vascular disease DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH 5 MO?		
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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 1/2		
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.)		
20c. TIME OF INJURY Hour _____ 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		CITY _____ COUNTY _____ STATE _____		
21. I attended the deceased from Dec 31 1957 to Feb 7 1958 and last saw her alive on 2/6/58 Death occurred at 11:55 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) D. Deebaugh M.D.				22b. ADDRESS Webster Groves Mo		22c. DATE SIGNED 2/8/58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 10, '58		23c. NAME OF CEMETERY OR CREMATORY Lake Charles Cem.		23d. LOCATION (City, town, or county) (State) St. Louis Co. Missouri		
24. FUNERAL DIRECTOR ADDRESS Alexander & Sons 6175 Delmar				25. DATE RECD. BY LOCAL REG. 2/8/58		26. REGISTRAR'S SIGNATURE Derbert R. Danbe M.D.		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Joseph E. McCulloch*.....

Licensed Embalmer No. *25*

P. O. Address *6175*

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