

FILED FEB 17 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008330

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 304

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>St. Louis</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Normandy</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>O'Sullivan Nursing Home</u>		Length of stay in lb <u>8 Yrs.</u>		c. CITY OR TOWN <u>Normandy</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>Caroline</u>		Middle		Last <u>Cramer</u>		Month <u>1</u> - Day <u>29</u> - Year <u>58</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>8/11/59</u>	
9. AGE (In years last birthday) <u>98</u>		10. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>				13. FATHER'S NAME <u>Unknown</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Louise Schumacher</u> Address <u>2278 Palome Pas. Cal.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Aortic stenosis</u> DUE TO (b) <u>Arteriosclerotic Heart disease</u> DUE TO (c) <u>421.1</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)							INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> <u>unknown</u>
MEDICAL CERTIFICATION Collected by affidavit 5/28/1958							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
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		COUNTY STATE	
21. I attended the deceased from <u>Nov 15, 1948</u> from <u>Jan 29, 1958</u> and last saw her alive on <u>1-27-1958</u> Death occurred at <u>6:45 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Lewis Dittmann MD</u>				22b. ADDRESS <u>231 Clayton Rd (7)</u>		22c. DATE SIGNED <u>2/1/58</u>	
23a. BURIAL, CREMATION, OR OTHER DISPOSAL <u>Burial</u>		23b. DATE <u>2/3</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Peters</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>		
24. FUNERAL DIRECTOR <u>Collier Mortuary St. Ann Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>2/1/58</u>		26. REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>		

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part 1 must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

00
56lish,
elfare;
blic
vice

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Sheldon Collier*

Licensed Embalmer No. *33*

P. O. Address *St. Louis*

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.