

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020441
STATE FILE NUMBER

FILED JUN 9 1958 Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1423

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Heights</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Frontenac 40000</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u> | | Length of stay in lb <u>10 DAYS</u> | d. STREET ADDRESS (If outside, give location) <u>7 Huntleigh Downs</u> |
| | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

| | | | | | |
|--|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or print) First <u>Lillie</u> Middle Last <u>Rassieur</u> | | | 4. DATE OF DEATH Month <u>May</u> Day <u>25</u> Year <u>1958</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>Dec. 21, 1876</u> | 9. AGE (In years last birthday) <u>81</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
|-------------------------|----------------------------------|---|--|---|--------------------------------|--------------------------------|

| | | | |
|---|-----------------------------------|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chairman of Board, Barry Whmiller</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>St. Louis Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|---|-----------------------------------|---|---|

| | | |
|--|---|--|
| 13a. FATHER'S NAME <u>Frederick Widmann</u> | 13b. MOTHER'S MAIDEN NAME <u>Sophia Sander</u> | 14. NAME OF HUSBAND OR WIFE <u>Louis Rassieur</u> |
|--|---|--|

| | | | |
|--|---|---|---|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>498-01-1873</u> | 17. INFORMANT <u>Paul K. Wehmiller</u> | Address <u>Frontenac Mo. 11 Huntleigh Downs</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>Arteriosclerotic heart disease</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Generalized arteriosclerosis</u> | <u>Uncertain</u> |
| | DUE TO (c) <u>4200</u> | |

| | | |
|---|--|---|
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Infarcts of kidney and spleen; pleural effusion</u> | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) |
|---|--|

| | | | |
|---|--|--|---|
| 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 <u>February 21, 1941</u> to <u>May 25, 1958</u> and last saw <u>her</u> alive on <u>May 25, 1958</u> Death occurred at <u>8:05</u> <u>A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated. |
|---|

| | |
|---|------------------------------------|
| 22a. SIGNATURE <u>G.O. Brown M.D.</u> (Degree or title) <u>1325 South Grand Blvd.</u> ADDRESS | 22c. DATE SIGNED <u>5/26/58</u> |
|---|------------------------------------|

| | | | |
|---|-------------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u> | 23b. DATE <u>5/28/1958</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u> |
|---|-------------------------------|---|--|

| | | | |
|---|-------------------------------|--|---|
| 24. FUNERAL DIRECTOR <u>C.R. Lupton and Sons</u> | ADDRESS <u>7233 Delmar</u> | 25. DATE RECD. BY LOCAL REG. <u>5-27-58</u> | 26. REGISTRAR'S SIGNATURE <u>Herbert A. Pompe M.D.</u> |
|---|-------------------------------|--|---|

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

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 *Clarence A. Murray*

Licensed Embalmer No. *704*

P. O. Address *Harris*

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.