

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024071
STATE FILE NUMBER

at. Health,
, & Welfare
S. Public
lth Service

S. 300
v. 1-56

securing the medical certification in the specific manner required by 193.140 MoRS 1949.

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUL 11 1958		Registration District No. 217	Primary Registration District No. 547	Registrar's No. 1771
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights		c. CITY OR TOWN Vinita Park 42700		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital		Length of stay in lb 1-day		d. STREET ADDRESS (If outside, give location) 8113 Monroe Street
3. NAME OF DECEASED (Type or print) First Middle Last Martha Willett Rebstock			4. DATE OF DEATH July 2, 1958	
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 8, 1891	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home		9. AGE (In years last birthday) 67
13. FATHER'S NAME Howard Willett		11. BIRTHPLACE (City and state or country) Ky.		12. CITIZEN OF WHAT COUNTRY? U.S.
14. MOTHER'S MAIDEN NAME Martha Rogers		17. INFORMANT Address Mrs. Daniel Sheerin, 7660 Lindberg Dr. R.H.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerotic heart disease 4200 DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 12 hours 20 mos.
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"/>
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 Oct 23, 1956 to July 2, 1958 and last saw her alive on July 3, 1958 Death occurred at 9:30 pm on the date stated above; and to the best of my knowledge, from the causes stated				
22a. SIGNATURE (Do not sign for title) Dorothy J. Linneman M.D.		22b. ADDRESS 634 N Grand		22c. DATE SIGNED July 3, 1958
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE July 5, 1958		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
24. FUNERAL DIRECTOR Arthur J. Donnell		ADDRESS 3840 Lindell Blvd.		25. DATE RECD. BY LOCAL REG. 7-3-58
		26. REGISTRAR'S SIGNATURE Herbert R. Donke ml		

(Licensed Embalmer's Statement on Reverse Side)

63X
1-11 pm
Ks-
Matter

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 *Francis Williams*

Licensed Embalmer No. *350*

P. O. Address *3840 Line*

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.