t. Health,
& Welfare
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S. 300
v. 1–57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58–031126
STATE FILE NUMBER 7922

FILED AUG 28 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7922

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 14 Jewish Hosp. — Length of stay in 1b 7 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY
c. CITY OR TOWN Alton 8120 8 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 32 Fairmount — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Ardelia Middle Last Wiseman

4. DATE OF DEATH Month Day Year 8-14-58

5. SEX Female
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Mar 25, 1905
9. AGE (In years last birthday) 53 — 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) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (City and state or country) Springfield, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Albert Trutter
13b. MOTHER'S MAIDEN NAME Alice Fahrenbach
14. NAME OF HUSBAND OR WIFE Jack

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) Nil.
16. SOCIAL SECURITY NO. None
17. INFORMANT Hospital Records — Address Catherine Staab 1109 So. 5th Springfield Illinois

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Metastatic Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH 7 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of breast — 4 yrs
DUE TO (c) 170 X
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 [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 Feb 57, to Aug 14, 1958 and last saw her/him alive on 8-13-58
Death occurred at 12:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Saul D Silvermintz MD
22b. ADDRESS M. NORMAN ORGEL, M. D. SAUL D. SILVERMINTZ, M. D. 100 N. EUCLID ST. LOUIS, MO.
22c. DATE SIGNED 8-14-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug 16, 1958
23c. NAME OF CEMETERY OR CREMATORY Local
23d. LOCATION (City, town, or county) (State) Springfield, Illinois

24. FUNERAL DIRECTOR ADDRESS Staab Funeral Home, Spgfld, Ill
25. DATE RECD. BY LOCAL REG. AUG 14 '58
26. REGISTRAR'S SIGNATURE Earl Smith MD MJB

(Licensed Embalmer's Statement on Reverse Side)

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 causally related.

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. Not Embalmed

Student ..... Signed Vincent P. Staab
Signature of Student Embalmer

ILL. Licensed Embalmer No. 8668

P. O. Address 1109 So. 5TH ST
SPRINGFIELD, ILL

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.