

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042682

STATE FILE NUMBER

FILED DEC 1 1958 Registration District No. 317 Primary Registration District No. 546 Registrar's No. 3036

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN OVERLAND Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN OVERLAND 4230 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9810 LACKLAND Length of stay in 1b 4 1/2 YRS.		d. STREET ADDRESS (If outside, give location) 9810 LACKLAND Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) ELIZABETH M WENDE First Middle Last			4. DATE OF DEATH 11-19-58 Month Day Year			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-11-1877	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) ST LOUIS MO		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME JOHN ACKERMANN			14. MOTHER'S MAIDEN NAME UNKNOWN LEICH			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO	17. INFORMANT OTTO C. WENDE Address 9810 LACKLAND			

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Apoplexy Arteriosclerosis. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 334X DUE TO (c) ---			INTERVAL BETWEEN ONSET AND DEATH Oct. 20 TO Nov. 19		
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 Month, Day, Year a. m. p. m. ---			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) ---		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION COUNTY STATE ---		

21. I attended the deceased from **Oct. 2, 1958** to **Nov. 19, 1958** and last saw her alive on **Nov. 18, 1958**
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE F. L. Finley (Degree or title)	22b. ADDRESS 9438 Lackland	22c. DATE SIGNED Nov. 20-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11-21-58	23c. NAME OF CEMETERY OR CREMATORY ST PETERS	23d. LOCATION (City, town, or county) (State) WELLSTON MISSOURI
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24. FUNERAL DIRECTOR EARL HILEMAN ADDRESS 9709 LACKLAND OVERLAND	25. DATE RECD. BY LOCAL REG. 11-21-58	26. REGISTRAR'S SIGNATURE Herbert R. Klomke, MO
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *V. E. Morris*.....

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.