

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-007774

STATE FILE NUMBER  
2 1203

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

FILED FEB 17 1959

1. PLACE OF DEATH a. COUNTY		5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 22, 1875		9. AGE (In years last birthday) 83		10. FUNDING YEAR Months Days Hours Min.		11. IF UNDER 24 HRS.											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 4350 JUNIATA		(If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4350 JUNIATA											
3. NAME OF DECEASED (Type or print)		First CATHERINE		Middle WENIG		Last		4. DATE OF DEATH FEB. 2 1959		Month		Day		Year											
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		11. BIRTHPLACE (City and state or country) Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Jay McDonald		13b. MOTHER'S MAIDEN NAME Margaret Burns		14. NAME OF HUSBAND OR WIFE Charles (deceased)		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. NONE		17. INFORMANT RUTH FRANKLYN 6545 ARSENAL							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio-vascular disease		DUE TO (b) Aneurysm - sclerotic		DUE TO (c) 422.1		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"/>		INTERVAL BETWEEN ONSET AND DEATH		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 <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 Death occurred at Feb. 2, 1959		to Feb. 16, 1959		to Feb. 2, 1959		and last saw her him alive on Feb. 2, 1959		m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE A. F. Plag		(Degree or title) M. D.		22b. ADDRESS 3150 Morganford Rd		22c. DATE SIGNED 2/3/59		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE Feb. 5 1959		23c. NAME OF CEMETERY OR CREMATORY CALVARY CEM.		23d. LOCATION (City, town, or county) (State) ST. LOUIS Mo	
24. FUNERAL DIRECTOR Thomas Kutis 2906 Gravois		ADDRESS		25. DATE RECD. BY LOCAL REG. FEB 3 '59		26. REGISTRAR'S SIGNATURE E. Smith. M. D.																			

300  
1-57  
0  
692  
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *James C. Will* .....

Licensed Embalmer No. *4347* .....  
P. O. Address *2916 Haven* .....

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.