THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-009946
STATE FILE NUMBER

FILED APR 6 1959 Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 29

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): House Springs — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): R.R. #2 — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jefferson
c. CITY OR TOWN: House Springs — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): R.R. #2 — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Elizabeth Middle: Last: Cerutti

4. DATE OF DEATH: Month, Day, Year: March 18, 1959

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☑ **DIVORCED** ☐

8. DATE OF BIRTH: Jan. 31, 1876

9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 1, Days 17 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Germany

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Unknown

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: James Cerutti

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: A. J. Meglisch R.R. #2 House Springs, Mo.

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): Cerebral Vascular Accident
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized arterio-sclerosis
DUE TO (c): 331X
INTERVAL BETWEEN ONSET AND DEATH: —
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arterio Sclerotic Heart Disease.

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

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 Mar 12 59 to date and last saw her/him alive on Mar. 16 - 55
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Frank Huck M.D.
22b. ADDRESS: Fenton, Mo.
22c. DATE SIGNED: 3/19/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3/20/59
23c. NAME OF CEMETERY OR CREMATORY: Bethany Cem.
23d. LOCATION (City, town, or county) (State): St. Louis County

24. FUNERAL DIRECTOR: Chas. F. Stuart **ADDRESS**: 1225 Union
25. DATE RECD. BY LOCAL REG.: 3-21-59
26. REGISTRAR'S SIGNATURE: Robert E. Bauer

(Licensed Embalmer's Statement on Reverse Side)

APR 3 1959

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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 Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis, M

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.