Health, Welfare Public Service 59 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-019971 STATE FILE NUMBER

FILED JUN 12 1959

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1431

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN: Normandy — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Penn Nursing Home — Length of stay in Ib: 3 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri. COUNTY:
c. CITY OR TOWN: St. Louis. — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 2832 Semple — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Sylvia Middle: Last: Dale
4. DATE OF DEATH: Month May Day 21, Year 1959
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: April 3, 1865
9. AGE (In years last birthday): 94 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): St. Louis, Missouri.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Rudolph Kahlert
13b. MOTHER'S MAIDEN NAME: Sophia Mohler
14. NAME OF HUSBAND OR WIFE: Thomas J. Dale
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: Thomas P. Dale, Address: # 4 Angest Circle Webster Groves, (19), 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) Arteriosclerotic Cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
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): Cerebral malacia
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 Dec 13, 1955, to May 21, 1959 and last saw her alive on 5/19/59
Death occurred at 6:10 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Lewis Littmann (Degree or title) MD
22b. ADDRESS: 8231 Clayton Rd (17)
22c. DATE SIGNED: 6/2

23a. BURIAL, CREMATION, REMOVAL: Burial
23b. DATE: 5-25-59
23c. NAME OF CEMETERY OR CREMATORY: Valhalla Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

24. FUNERAL DIRECTOR: Albert H. Hoppe, ADDRESS: 4700 Washington Blvd.
25. DATE RECD. BY LOCAL REG.: 5-23-59
26. REGISTRAR'S SIGNATURE: John C. Mingfley M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner, Coroner's Physician use only standard nomenclature of medical terms for the symptoms with the exception 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.

Student .....
Signature of Student Embalmer

Signed Melvin L. Kemper

Licensed Embalmer No 4052

P. O. Address 49 Washington St. Louis Mo.

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.