Health, Welfare Public Service

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1-57

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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUL 3 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-022912

STATE FILE NUMBER

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 5734

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): Christian Hosp. — Length of stay in 1b: D O A

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: St. Louis
c. CITY OR TOWN: ~~St. Louis~~ 36 — 400 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 9753 Venice Dr. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Rose — Middle: Sophia — Last: Gillen

4. DATE OF DEATH: Month / Day / Year: June 15, 1959

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: Nov. 28, 1891

9. AGE (In years last birthday): 67 — 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): None

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (City and state or country): St. Louis Mo.

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Henry Schindler

13b. MOTHER'S MAIDEN NAME: Sophia Ahrens

14. NAME OF HUSBAND OR WIFE: Joseph (deceased)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT — Address: Gertrude Kruse 9753 Venice Dr.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: at once
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary insufficiency
DUE TO (c): Arteriosclerosis of Coronary Vessels

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Generalized Arteriosclerosis, Diabetes

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.): 420.1

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 June 1/59, to 14 June/59 and last saw her/him alive on 9 June/59. Death occurred at Home 5:30 am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Leonard P. Stein

22b. ADDRESS: 1918 East Grand

22c. DATE SIGNED: 16 June/59 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify): removal

23b. DATE: 6/19/59

23c. NAME OF CEMETERY OR CREMATORY: Mt. Olive Cem.

23d. LOCATION (City, town, or county): Lemay Mo.

24. FUNERAL DIRECTOR — ADDRESS: Fendler Und. Co. 7420 Michigan

25. DATE RECD. BY LOCAL REG.: JUN 16 '59

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

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 W. E. Peterson

Licensed Embalmer No. 3767

P. O. Address 7420 Mic

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.