

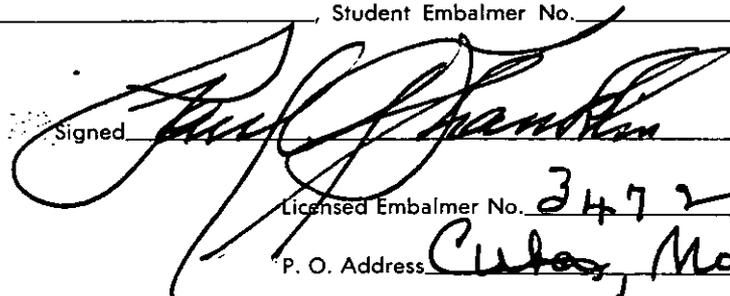
DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 ITEM NO.
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <i>St. Louis City</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY									
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>St. Louis</i>		Length of stay in lb <i>3 wks</i>		c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Murman Hosp.</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>2634 California</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <i>ANNA</i> Middle <i>-</i> Last <i>TORENKAMP.</i>				4. DATE OF DEATH Month <i>JAN.</i> Day <i>3</i> Year <i>1961</i>									
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. Married <input type="checkbox"/> Never-Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>10-18-1872</i>		9. AGE (last birthday) <i>88</i>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Wife</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>		11. BIRTHPLACE (City and state or country) <i>St. Louis, Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>					
13a. FATHER'S NAME <i>Unavailable</i>				13b. MOTHER'S MAIDEN NAME <i>UNAVAILABLE</i>				14. NAME OF HUSBAND OR WIFE <i>Geo. Dec'd</i>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>				16. SOCIAL SECURITY NO. <i>NONE</i>		17. INFORMANT <i>Eugene Torenkamp, Cuba Mo</i> Address							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>fracture neck left femur Dec 12 60</i> DUE TO (b) DUE TO (c) <i>Cardio-Vascular Heart Dec 12 60</i>													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>904.0-21</i>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <i>Fell to floor at home</i>									
20c. TIME OF INJURY Hour Month, Day, Year a.m. <i>12-13-60</i> p.m.				20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <i>Home</i>		20f. CITY, TOWN, OR LOCATION <i>St. Louis</i>		COUNTY		STATE <i>Mo</i>	
21. I attended the deceased from <i>Dec 13-1960</i> , to <i>Jan 3-1961</i> and last saw her/him alive on <i>January 3-61</i> Death occurred at <i>8 PM</i> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>H.S. Moore M.D.</i> (Degree or title)						22b. ADDRESS <i>912 50th</i>			22c. DATE SIGNED <i>1-4-61</i>				
23a. BURIAL, CREMATION, or other disposal (Specify)		23b. DATE <i>1-7-1961</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>				23d. LOCATION (City, town, or county) <i>St. Louis Mo.</i>		(State)			
24. FUNERAL DIRECTOR <i>Eugene Torenkamp Cuba Mo</i>				25. DATE RECD. BY LOCAL REG. <i>JAN 4 1961</i>		26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>							

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  _____
Licensed Embalmer No. 3472
P. O. Address Cuba, 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.