

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH - 76-019323

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5206 STATE FILE NUMBER

FILED JUN 8 1961

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St Louis</u> | | Length of stay in 1b <u>18 mos.</u> | c. CITY OR TOWN <u>St Louis</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lutheran Convalescent home</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>5615 Holly Hills</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>(Marie)</u> Last <u>Paar</u> | 4. DATE OF DEATH Month <u>June</u> Day <u>1</u> Year <u>1961</u> |
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|-------------------------|----------------------------------|---|--|-------------------------------------|---------------------------|------------------------|-------|------|
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Aug 8, 1871</u> | 9. AGE (last birthday) <u>89</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HR Days | Hours | Min. |
|-------------------------|----------------------------------|---|--|-------------------------------------|---------------------------|------------------------|-------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Germany</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
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| 13a. FATHER'S NAME <u>not known</u> | 13b. MOTHER'S MAIDEN NAME <u>not known</u> | 14. NAME OF HUSBAND OR WIFE <u>deceased</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT <u>Mrs Mary Fanter</u> | Address <u>5615 Holly Hills</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerosis heart disease, deep</u> DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>420.0</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>5 yr</u> <u>1 1/2 yr</u> |
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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease - condition given in PART I (a) | | 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 |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 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.) |
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| 20c. TIME OF INJURY Hour a.m. p.m. | Month, Day, Year |
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| 20d. INJURY OCCURRED WHILE AT WORK <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 <u>St Louis</u> | COUNTY <u>Mo.</u> | STATE |
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| 21. I attended the deceased from <u>9:30</u> <u>5/11/49</u> A to <u>June 1-61</u> and last saw her alive on <u>9/10/61</u> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE <u>[Signature]</u> | (Degree or title) | 22b. ADDRESS <u>5203 Chippewa</u> | 22c. DATE SIGNED <u>6/2/61</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>June 5, 1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u> | 23d. LOCATION (City, town, or county) <u>St Louis County</u> | (State) <u>Mo.</u> |
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| 24. FUNERAL DIRECTOR <u>John L Ziegenhein & Sons 7027 Gravois</u> | ADDRESS | 25. DATE RECD. BY LOCAL REG. <u>JUN 3 1961</u> | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u> |
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DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

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 *Ronald Benz*

Licensed Embalmer No. *9863*

P. O. Address *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.