SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-019353
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4938

FILED JUN 8 1961

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Mo.
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Lutheran Hosp.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY
c. CITY OR TOWN: St. Louis, Mo.
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3648a Connecticut
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Anna Middle: M. Last: Picker.
4. DATE OF DEATH: Month: May Day: 24 Year: 1961
5. SEX: FeMale.
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 6-11-1872
9. AGE (last birthday): 88
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: 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: None.
11. BIRTHPLACE (City and state or country): Missouri.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Unk. Jaecks
13b. MOTHER'S MAIDEN NAME: Unk.
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Elmer ~~Harry~~ Picker. Address: 3648a Connecticut.

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): Generalized Arterio-sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 10yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 450.0
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
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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 10/2/58, to 5/25/61 and last saw her alive on 5/24/61
Death occurred at 10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Edward W. Gebhardt MD
22b. ADDRESS: 370, Grandel Sq
22c. DATE SIGNED: 5/25/61

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE: 5-26-1961
23c. NAME OF CEMETERY OR CREMATORY: New St. Marcus.
23d. LOCATION (City, town, or county) (State): St. Louis, Mo.

24. FUNERAL DIRECTOR: Southern Funeral Home. ADDRESS: 6322 S. Grand Blvd
25. DATE RECD. BY LOCAL REG.: MAY 25 1961
26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
2d & 5	3648a & female	3648 & Male	6/21/61
13a & 17	Unk Jaecks & Elmer	Unk. & Harry	6/21/61

BY AFFIDAVIT OF Fun. Dir. DOCUMENT

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 David Van Fossan

Licensed Embalmer No. 242

P. O. Address St Louis Sc

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.