

AMENDED

DATE AMENDED
8/21/61

INSTEAD OF
5 years

SHOULD READ
5 months

ITEM NO.
18a

DOCUMENT
BY AFFIDAVIT OF Attend. Phys.

FILED JUN 2 1961

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis		c. CITY OR TOWN Creve Coeur		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rt. 2, Box 120				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
3. NAME OF DECEASED (Type or print) First MINNIE Middle LOUISE Last WHITESIDE			4. DATE OF DEATH Month MAY Day 16 Year 1961			5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7/31/1897		9. AGE (last birthday) 63		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) Housewife				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country) Warren Co., Mo.				12. CITIZEN OF WHAT COUNTRY U.S.							
13a. FATHER'S NAME William Handling				13b. MOTHER'S MAIDEN NAME Anna Petersmeyer				14. NAME OF HUSBAND OR WIFE William				Address							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO.				17. INFORMANT Louis Handlang, Warrenton, Mo.				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) LYMPHOSARCOMA												INTERVAL BETWEEN ONSET AND DEATH 5 1/2 YEARS - Months							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____																			
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									
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)															
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		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		COUNTY		STATE									
21. I attended the deceased from FEB. 28, 1961 to MAY 16, 1961 and last saw her alive on MAY 16, 1961 Death occurred at 9:15 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.																			
22a. SIGNATURE <i>C. J. Vennellia, M.D.</i> (Degree or title) M. D.						22b. ADDRESS BARNES HOSPITAL			22c. DATE SIGNED 5/17/61										
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5-19-61		23c. NAME OF CEMETERY OR CREMATORY Lippstadt Church Cemetery			23d. LOCATION (City, town, or county) Warren Co., Mo.			(State)									
24. FUNERAL DIRECTOR Nieburg Funeral Home, Warrenton, Mo.				25. DATE RECD. BY LOCAL REG. MAY 18 1961		26. REGISTRAR'S SIGNATURE <i>Coal 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 Eleonora P. Remelius

Licensed Embalmer No. 4283

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.