

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

11261-61-043018  
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11261

FILED DEC 12 1961

|  |  |  |   |
|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St Louis</u>                                       |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>St Louis</u> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>St Louis</u>         |  | Length of stay in lb   | c. CITY OR TOWN <u>St Louis</u><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |
| c. FULL NAME OF DECEASED (If NOT in hospital, give location)<br><u>Lutheran Hosp</u> |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>304 Fannie</u><br>Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

|   |                                  |   |   |  |   |
|---|----------------------------------|---|---|--|---|
| 3. NAME OF DECEASED (Type or print)<br>First <u>ANNA</u> Middle <u>WEINDEL</u> Last                             |                                  |   | 4. DATE OF DEATH<br>Month <u>Dec.</u> Day <u>3</u> Year <u>1961</u> |  |   |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>1-6-1888</u>                                 | 9. AGE (last birthday)<br><u>73</u>          | IF UNDER 1 YEAR<br>Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>at home</u>   | 11. BIRTHPLACE (City and state or country)<br><u>St Louis</u>       | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u> |   |
| 13a. FATHER'S NAME<br><u>Wm Strook</u>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Unknown</u>   |   | 14. NAME OF HUSBAND OR WIFE<br><u>Gas.</u>   |   |

|   |                                      |                                      |                              |
|---|--------------------------------------|--------------------------------------|------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO.<br><u>NO</u> | 17. INFORMANT<br><u>Gas. Weindel</u> | Address<br><u>304 Fannie</u> |
|---|--------------------------------------|--------------------------------------|------------------------------|

|  |  |                                  |
|--|--|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |  | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>CEREBRAL EMBOLISM</u>   |  | <u>1 DAY</u>                     |
| DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u>   |  | <u>2 YEARS</u>                   |
| DUE TO (c) <u>GENERALIZED ARTERIOSCLEROSIS</u>   |  | <u>4 YEARS</u>                   |

|   |  |   |  |
|---|--|---|--|
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>CARCINOMA SIGMOID COLON</u> |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><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.)<br><u>420.0H</u> |
|--|---|---|

|   |                                     |
|---|-------------------------------------|
| 20c. TIME OF INJURY<br>Hour <u>1:30</u> a.m. p.m. <u>PM</u> | Month, Day, Year<br><u>11/15/61</u> |
|---|-------------------------------------|

|  |  |   |                      |       |
|--|--|---|----------------------|-------|
| 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<br><u>St Louis</u> | COUNTY<br><u>Mo.</u> | STATE |
|--|--|---|----------------------|-------|

21. I attended the deceased from 11/15/61 to 12/3/61 and last saw her 12/3/61 alive on 12/3/61  
Death occurred at 1:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

|  |                   |                                      |                                  |
|--|-------------------|--------------------------------------|----------------------------------|
| 22a. SIGNATURE<br><u>George A. Cannon MD</u> | (Degree or title) | 22b. ADDRESS<br><u>6500 Chippewa</u> | 22c. DATE SIGNED<br><u>14/61</u> |
|--|-------------------|--------------------------------------|----------------------------------|

|  |                               |   |  |
|--|-------------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>12-7-1961</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>St. Peter &amp; Paul</u> | 23d. LOCATION (City, town, or county) (State)<br><u>St Louis Mo.</u> |
|--|-------------------------------|---|--|

|   |         |   |   |
|---|---------|---|---|
| 24. FUNERAL DIRECTOR<br><u>JOS. P. FENDLER JR., 7128 MICHIGAN</u> | ADDRESS | 25. DATE RECD. BY LOCAL REG.<br><u>DEC 4 1961</u> | 26. REGISTRAR'S SIGNATURE<br><u>Loard Smith. M.D.</u> |
|---|---------|---|---|

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. 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 Clarence Rochow

Licensed Embalmer No. 3093

P. O. Address 7178 Michigan

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.