

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047442

AMENDED

DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 3514 STATE FILE NUMBER

FILED DEC 18 1961

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood		c. CITY OR TOWN Kirkwood	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION White Oaks Nursing Home		d. STREET ADDRESS (If outside, give location) 1441 Francis Road	

3. NAME OF DECEASED (Type or print) First Middle Last HELEN V. WANTZ			4. DATE OF DEATH Month Day Year Dec 11 1961			
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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 9/9/1874	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY housewife	11. BIRTHPLACE (City and state or country) BALTIMORE, MARYLAND	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME THOMAS ATKINS	13b. MOTHER'S MAIDEN NAME FRANCES LUNIKHOUS	14. NAME OF HUSBAND OR WIFE HARLEY J. WANTZ (LATE)
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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) No	16. SOCIAL SECURITY NO. No	17. INFORMANT Mrs. Harley Wantz 8707 Antler Dr
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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) ARTERIOSCLEROTIC Heart disease 10 yrs DUE TO (b) Arteriosclerosis, general 10 yrs DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH
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 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	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
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21. I attended the deceased from Dec 19 57 to Dec 11 and last saw her/him alive on Dec 5, 1961 Death occurred at 6:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>[Signature]</i>	22b. ADDRESS 9500 W. P. NE St Louis	22c. DATE SIGNED 12/26/61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-13-61	23c. NAME OF CEMETERY OR CREMATORY OAK HILL CEM.	23d. LOCATION (City, town, or county) (State) ST LOUIS COUNT MO
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24. FUNERAL DIRECTOR C.R. Lupton and sons 7233 Delmar Blvd	25. DATE RECD. BY LOCAL REG. 12-12-61	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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until 1 P.M.

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 H. Murr

Licensed Embalmer No. 4011

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.