

FILED MAR 8 1949 STANDARD CERTIFICATE OF DEATH

State File No. 6991

Registrar's No. 00222

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 00222	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jennings Mo</u>		c. LENGTH OF STAY (in this place) <u>17</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>1518 Mallinroad</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5259 Wilborn Drive</u>				d. STREET ADDRESS (If rural, give location) <u>1518 Mallinroad</u>			
3. NAME OF DECEASED (Type or Print) <u>Theresa</u>		a. (First)		b. (Middle) <u>J.</u>		c. (Last) <u>Hake</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 28 1949</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Aug-5-1870</u>		9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Theodore Appelbaum</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Buschholz</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</u>			
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'S SIGNATURE OR NAME ADDRESS <u>Charles Hake-5933 Theodore</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>93d</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Jan. 1, 1948</u> <u>Jan. 1, 1948</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>42</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 10, 1949</u> to <u>Jan 28, 1949</u> , that I last saw the deceased alive on <u>Jan 28, 1949</u> and that death occurred at <u>2:30 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Remond Dyma, M.D.</u>				23b. ADDRESS <u>3802 N. Grand St</u>		23c. DATE SIGNED <u>Jan. 28, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 31, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-30-49</u>		REGISTRAR'S SIGNATURE <u>Theresa Hake</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edward Kowand Son</u>		ADDRESS <u>2516 N. 14th</u>	

4600

**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 .....  
Student Embalmer

Signed Ronald C. Yabuki

Licensed Embalmer No. 3917

P. O. Address St Louis

**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 this body is not embalmed, fact should be so stated above.