

21549

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

 State File No. 5767

No. 300

10.48

FILED JUL 15 1949

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BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		17 9	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7135 Idaho				d. STREET ADDRESS (If rural, give location) 7135 Idaho			
3. NAME OF DECEASED (Type or Print) Catherine		a. (First)		b. (Middle)		c. (Last) Powers	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 12-27-1887	
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 24 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work		10b. KIND OF BUSINESS OR INDUSTRY at Home		11. BIRTHPLACE (State or foreign country) St. Louis		12. CITIZEN OF WHAT COUNTRY? Mo. O	
13a. FATHER'S NAME Frank Greiser		13b. MOTHER'S MAIDEN NAME Margaret Schmelig		14. NAME OF HUSBAND OR WIFE William			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME William Powers 7135 Idaho			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chc Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u> DUE TO (c) <u>Diabete Mellitus</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1st Cor. Artery thrombus 11/10/48</u>				INTERVAL BETWEEN ONSET AND DEATH 7 months ? 2 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</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) <u>St Louis</u> (COUNTY) <u>Mo</u> (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>2nd X</u>			
22. I hereby certify that I attended the deceased from <u>11-10-1948</u> to <u>July 2, 1949</u> , that I last saw the deceased alive on <u>July 2, 1949</u> , and that death occurred at <u>1 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Max Staibhoff</u> (Name or title)				23b. ADDRESS <u>518 Osier Place</u>		23c. DATE SIGNED <u>7/2/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-5-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Natl. Cem. Jeff. Barracks</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <u>J. B. Lavater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. P. Fendler Jr.</u> ADDRESS <u>7128 Michigan</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed _____

Clarence Rochow

Signed _____
Student Embalmer

Licensed Embalmer No. *3093*

P. O. Address *7128 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 this body is not embalmed, fact should be so stated above.