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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28657

FILED AUG 27 1949

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State File No. _____

Registrar's No. 7286

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 7286		
1. PLACE OF DEATH a. COUNTY Missouri				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson				
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		c. LENGTH OF STAY (in this place) 2 mo		c. CITY (If outside corporate limits, write RURAL and give township) Rural Meramec Twp n		50		
d. FULL NAME OF HOSPITAL OR INSTITUTION St Anthony's Hospital				d. STREET ADDRESS RR #1 near Byrnesville Mo				
3. NAME OF DECEASED a. (First) Anna		b. (Middle) Elizabeth		c. (Last) Wallach		4. DATE OF DEATH (Month) (Day) (Year) 8-19-1949		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-23-1902		9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home.		11. BIRTHPLACE (State or foreign country) St Louis Mo		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME George Friehaut		13b. MOTHER'S MAIDEN NAME Mary Moder		14. NAME OF HUSBAND OR WIFE Daniel				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Daniel G Wallach Catawissa Mo RR #1				
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				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis				reperfusion				
ANTECEDENT CAUSES				DUE TO (b)				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) St Louis Mo Mo				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4222				
22. I hereby certify that I attended the deceased from 7/10 1949 to 8/18 1949, that I last saw the deceased alive on 8/18 1949, and that death occurred at 3:05 a.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Albert J. Priest, M.D.				23b. ADDRESS 3109 S. Grand Blvd		23c. DATE SIGNED 8/19/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-22-49		24c. NAME OF CEMETERY OR CREMATORY St. Albans		24d. LOCATION (City, town, or county) (State) House Springs Mo		
DATE REC'D BY LOCAL REG. AUG 22 1949		REGISTRAR'S SIGNATURE J. B. Sarsate		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John H. Brunner House Springs Mo				

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

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(Licensed Embalmer's Statement on Reverse Side)

SEP 7 1949

Handwritten mark

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 O. Yakuska*

Licensed Embalmer No. *3917*

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