

FILED NOV 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34198

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY Jefferson				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) OR TOWN High Ridge Rock				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN High Ridge High Ridge					
d. FULL NAME OF HOSPITAL OR INSTITUTION Dillon Road				d. STREET ADDRESS (If rural, give location) Dillon Road					
3. NAME OF DECEASED (Type or Print) a. (First) Grace			b. (Middle) M		c. (Last) Bower		4. DATE OF DEATH (Month) (Day) (Year) October 22, 1949		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Dec. 17 1882		9. AGE (In years last birthday) 66	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) New York		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Mangel			13b. MOTHER'S MAIDEN NAME Bernadine Dahmann			14. NAME OF HUSBAND OR WIFE Benjamin H.			
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. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Benjamin Bower High Ridge Mo				
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) Coronary Thrombosis				INTERVAL BETWEEN ONSET AND DEATH Oct. 17-49	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Nephritis Glomerular				1948	
				DUE TO (c) Hypertension, Pericarditis				1947	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				Chronic Myocarditis				Aug 1946	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 5810					
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 none					
22. I hereby certify that I attended the deceased from May 16, 1948, to Oct. 22, 1949, that I last saw the deceased alive on Oct. 21, 1949, and that death occurred at 5:30 p.m., from the causes and on the date stated above.									
23a. SIGNATURE Dr. Arnold Laubert				23b. ADDRESS 7767 Garois ave		23c. DATE SIGNED 10-22-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 10/24/49		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo			
DATE REC'D BY LOCAL REG. Oct 23 49		REGISTRAR'S SIGNATURE Phil J Kirk 145		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John L Ziegenhant Sons					

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 9 1949

RECEIVED
OCT 29 1949
District Health Officer No. 9,
District File Number

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

W L Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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

W L Peterson