

S. No. 300
V. 10.48

FILED NOV 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35959

State File No.

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BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3070</u>		Registrar's No. <u>4271</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
a. COUNTY St. Louis		b. CITY (If outside corporate limits, write RURAL and give township) Pine Lawn <u>4</u>		c. LENGTH OF STAY (in this place) <u>3 mo.</u>		a. STATE Missouri			
d. FULL NAME OF HOSPITAL OR INSTITUTION Shamrock Nursing Home		c. CITY (If outside corporate limits, write RURAL and give township) Webster Groves <u>3</u>		d. STREET ADDRESS (If rural, give location) 415 Lee Ave.					
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX			
a. (First) Anna		b. (Middle) -	c. (Last) Van Luik		Month Day Year Oct. 29, 1949		female		
6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed <u>2</u>		8. DATE OF BIRTH July 31, 1862		9. AGE (In years last birthday) 87	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		
11. BIRTHPLACE (State or foreign country) St. Louis, Mo. <u>0</u>		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME David Shaw		13b. MOTHER'S MAIDEN NAME Phoebe Schwietzer			
14. NAME OF HUSBAND OR WIFE Frank W. Van Luik, Sr.		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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank W. Van Luik - 415 Lee Ave. W.G.			
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, asphyxia, 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) <u>Pulmonary Stenosis</u>				ANTECEDENT CAUSES				1 year	
DUE TO (b) <u>Arterio-sclerotic Cardiovascular disease</u>				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				5 yrs	
DUE TO (c) <u>Carcinoma of breast removed</u>				II. OTHER SIGNIFICANT CONDITIONS				4 yrs	
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 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>4221</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21f. HOW DID INJURY OCCUR?	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>July 24, 1948</u> , to <u>Oct 24, 1949</u> , that I last saw the deceased alive on <u>Oct 25, 1949</u> , and that death occurred at <u>3 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Lewis Littmann MDU</u>				23b. ADDRESS <u>8231 Clayton Rd.</u>		23c. DATE SIGNED <u>10-29-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE <u>10/31/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Lebanon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>10-31-49</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Wombe</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Drehmann-Harral</u>		ADDRESS <u>1905 Union Blvd.</u>			

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

Dr. Lewis E. Littman

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 Warren A. Cover

Licensed Embalmer No. 353x

P. O. Address.....

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.