No. 300
10.48

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39542

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 4312

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (in this place): 15-days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maryland Heights
d. STREET ADDRESS (If rural, give location): 105-Shoemake Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): ANNA
b. (Middle):
c. (Last): SHOWALTER

4. DATE OF DEATH (Month) (Day) (Year): Nov. 3, 1949

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 25, 1879
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 9, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Pittsburgh, Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: John Smith
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Albert H. Showalter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Albert H. Showalter — ADDRESS: Robertson, Mo. R#1 Box 554

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) Uremia - Arteriolar Nephrosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days (+)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Adeno-Acanthoma Uteri — 1 yr (+)
DUE TO (c) Arteriosclerotic Ht. Dis. c̄ Failure — yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Anemia, Secondary 420.0 — 1 yr (+)

19a. DATE OF OPERATION: 10-28-49
19b. MAJOR FINDINGS OF OPERATION: Intrauterine Douche c̄ insertion drain → ⊙ Pyometrium ⊙ Adeno-Acanthoma
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 20, 1949, *to* Nov. 3, 1949, *that I last saw the deceased alive on* Nov. 3, 1949, *and that death occurred at* 6 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: 601 Brentwood, Clayton, Mo.
23c. DATE SIGNED: 11-3-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-5-49
24c. NAME OF CEMETERY OR CREMATORY: Fee Fee Cemetery
24d. LOCATION (City, town, or county) (State): Pattonville, Mo.

DATE REC'D BY LOCAL REG.: NOV 4 1949
REGISTRAR'S SIGNATURE: Herbert R. Donke, M.D. Jr.
25. FUNERAL DIRECTOR'S SIGNATURE: Baumann Bros Inc. — ADDRESS: 2504-Woodson Rd- Overland, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 3454

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed David E. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 14 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.