

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12453**
10552

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** 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 St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	
c. LENGTH OF STAY (in this place) LIFETIME		d. STREET ADDRESS (If rural, give location) 1513 MALLINCKRODT ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1513 MALLINCKRODT ST.		d. STREET ADDRESS (If rural, give location) 1513 MALLINCKRODT ST.	
3. NAME OF DECEASED (Type or Print) ELIZABETH FANTER		4. DATE OF DEATH (Month) (Day) (Year) DEC. 6, 1949	
a. (First)		b. (Middle)	
c. (Last)			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED—(Specify) WIDOW	8. DATE OF BIRTH AUG. 4, 1881
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO.
12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME AUGUST WIEDENBROKER		13b. MOTHER'S MAIDEN NAME JULIA NELKERCH	
14. NAME OF HUSBAND OR WIFE WM. FANTER (DECEASED)			
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 WM. FANTER		ADDRESS 1513 MALLINCKRODT ST.	

18. CAUSE OF DEATH Enter 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute cholelithiasis & perforation		INTERVAL BETWEEN ONSET AND DEATH 12 hours
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____		
		DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive cardiovascular disease				

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.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? fall

22. I hereby certify that I attended the deceased from **Nov. 25, 1949**, to **Dec. 5, 1949**, that I last saw the deceased alive on **Dec. 5, 1949**, and that death occurred at **11:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE John L. ...	(Degree or title) Dr. D. H.	23b. ADDRESS 4703 Carter Ave. St. Louis	23c. DATE SIGNED 12-8-49
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE DEC. 9, 1949	24c. NAME OF CEMETERY OR CREMATORY ST. PETERS CEMETERY	24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO.
DATE RECD BY LOCAL REG. DEC 8 1949	REGISTRAR'S SIGNATURE J. B. Kasater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wedmeyer + Sons Inc. 3934 N. 20	

(Licensed Embalmer's Statement on Reverse Side)

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

X

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 Nevelle B. Thorkwetter
Licensed Embalmer No. 3696

P. O. Address 3937

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.