

No. 300  
10.48

FILED DEC 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43176  
State File No. 04747  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 04747

1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>WAB</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond Heights</u>		c. LENGTH OF STAY (in this place) <u>2 weeks</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Corridon, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>( )</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital D</u>						
3. NAME OF DECEASED a. (First) <u>ANNA</u> (Type or Print)			b. (Middle)	c. (Last) <u>WEEMS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12 17 1949</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>3/16/?</u>		9. AGE (In years last birthday) <u>59</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 2 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri D</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>B. F. Dutterfield</u>		13b. MOTHER'S MAIDEN NAME <u>Belle Beck</u>		14. NAME OF HUSBAND OR WIFE <u>John</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Clyde Weems</u>			ADDRESS <u>4162 1/2 Lafayette</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>	II. OTHER SIGNIFICANT CONDITIONS <u>Uncomplicated</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>Vaginal hysterectomy 12/10/49</u>				<u>sudden</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mild Diabetes</u> DUE TO (c) _____					
19a. DATE OF OPERATION <u>12/10/49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Prolapse of Uterus, Fibroid Uterus, Adenomyosis</u>				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)			
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?				
22. I hereby certify that I attended the deceased from <u>12/5</u> , 19 <u>49</u> , to <u>12/17</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>12/17</u> , 19 <u>49</u> , and that death occurred at <u>6:05 p.m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>Bernard H. Gerwitz, M.D.</u>		23b. ADDRESS <u>16 Hampton Village Plaza</u>		23c. DATE SIGNED <u>12/17/49</u>		
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/22/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CORRIDON</u>		24d. LOCATION (City, town, or county) (State) <u>Corridon, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>12-22-49</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Wombe, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A. W. McLaughlin 2301 Lafayette</u>			

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

(Licensed Embalmer's Statement on Reverse Side)

A. W. Cooper #3830

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*A. W. Cooper*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3633

P. O. Address 2301 Lafayette

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.