BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 328 PRIMARY STATE DIST. NO. 328 PRIMARY REG. DIST.	FILED MAR 3	<del> </del>	IFICATE OF DEATH  State File No.	6356
1. PLACE OF DEATH a. COUNTY a. COUNTY b. CITY (II outside corporate limits, write RURAL and give of the coverable) b. COUNTY St. Louis, OR St. Louis, OR St. Louis, OR University City.  d. FULL NAME OF (II not in borplat) or institution, eive street address or locations INSTITUTION Deaconness Hospital.  3. NAME OF (II not in borplat) or institution, eive street address or locations INSTITUTION Deaconness Hospital.  5. SEX Caroline  Caroline  Caroline  Jameton.  6. COLOR OR RACE WHIDOWED DIXORCED (Basedly) WHOWE DIXORCED (Basedly) WHOWE DIXORCED (Basedly) WHOWE OF DIXORCED (Basedly) WH	·	540	4000	TIOU
a. COUNTY  a. COUNTY  b. CITY (II outside corporate limits, write RURAL and give township)  c. LENGTH OF TOWN St. Louis, township)  c. LENGTH OF TOWN St. Louis, township)  c. CITY (II outside corporate limits, write RURAL and give township)  d. FULL NAME OF (II not in beginal or institution, give stress address or location)  HOSPITAL OR (II not in beginal or institution). Give stress address or location)  HOSPITAL OR (II not in beginal or institution). Give stress address or location)  B. (Middle)  DECEASED  (Type or Print)  DECEASED  (Type or Print)  Caroline		REG. DIST. NO. 510		
d. FULL NAME OF (If not in beoptial or institution, give street address or location) HOSPITAL ON DEACONNESS HOSPITAL.  3. NAME OF DECEASED (APPRIOR OF PINT) CAPOLINE			a STATE b. COUNTY C.	titution: residence before Louis.
ADDRESS 7308 Wellington Ave.,		its, write RURAL and give township)  STAY (in this pla	c. CITY (H outside corporate limits, write RURAL and give town	435 <sup>6</sup>
Caroline  Type or Print  Caroline  Caroline  Tomale  Caroline  Carol	d. FULL NAME OF (If not in HOSPITAL OR INSTITUTION Dea			е.,
Female White Wildow Bioreced (Based of Conditions)  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  St. Louis, Mo.  11b. BIRTHPLACE (Buste or foreign country)  St. Louis, Mo.  12c. CITIZ COUNT St. Louis, Mo.  13c. FATHER'S NAME  George Meisinger, Caroline Schwenk, Jean Jameton,  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Generally No.)  16. SOCIAL SECURITY NO.  No.  17c. INFORMANT'S SIGNATURE OR NAME  Mrs. E. L. Wagner - 7308 Welling  Interval y ane deuts folding, such as heart falture, eathers the discase or conditions, if any, giving the underlying counse least.  18c. Due to (c) FENELALIZED ALTERIOSCIECOSIS  18d. Date of Operation of the death but not related to the disease or condition couring death.  19a. Date of Operation  19b. Major Findings of Operation  19b. Major Findings of Operation  20. AUT 19b. Major Findings of Operation  19b. Major Findings of Operation  20. AUT 19b. Major Findings of Operation  19b. Major Findings of Operation  19c. Date of Operation of Wildows Contributing to the death but not related to the disease or condition couring death.	DECEASED	•		
DUSTRY   St. Louis	, , , , , , , , , , , , , , , , , , , ,	WIDOWED, DIVORCED (Boodty		
George Meisinger, Caroline Schwenk, Jean Jameton,  15. Was deceased ever in u.s. armed forces? It is social security No. No.  16. Social security No. Mrs. E. L. Wagner - 7308 Welling to the death but not related to the disease or condition causing death.  15. Was deceased ever in u.s. armed forces? It is social security No. Mrs. E. L. Wagner - 7308 Welling And the security of the death but not the disease or conditions of operation of the death but not related to the disease or condition causing death.  15. Was deceased for in u.s. armed forces? It is social security in the death but not the death but not related to the disease or condition causing death.  15. Was deceased for in u.s. armed forces? It is social security in the death but not related to the disease or condition causing death.  15. Was deceased for in u.s. armed forces? It is social security in the death but not related to the disease or condition causing death.  15. Was deceased for in u.s. armed for name of security in the death but not related to the disease or condition causing death.	done during most of working He, eve	ad of work 10b. KIND OF BUSINESS OR II DUSTR	Y	12. CITIZEN OF WHAT COUNTRY? USA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Was a considered of acrylocol None None None None None None None None	3a. FATHER'S NAME	13b. MOTHER'S MAID		E
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. po. or unknown) (If yes. sive war or dates of service) NO.  16. SOCIAL SECURITY NO.  17. INFORMANT'S SIGNATURE OR NAME  AND NO.  18. CAUSE OF DEATH Enter only one course per line for (a), (b), and (c)  This does not mean the mode of dying, such as heart failure, exthenia, as heart failure, exthenia, the underlying course last.  19. DIFERSIGNIFICANT CONDITIONS  TO DUE TO (c) FENERALIZED ARTELIOSCIECOSIS  19. DATE OF OPERATION  19. MAJOR FINDINGS OF OPERATION	George Meisin	ger,   Caroline S	chwenk Jean Jameton.	
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 dis- case, injury, or complica- tion which caused death.  10. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lair Death (b) SEN / TY  This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis- case, injury, or complica- tion which caused death.  11. OTHER SIGNIFICANT CONDITIONS  TO Orditions contributing to the death but not related to the disease or condition causing death.  12. DIE TO (c) SENERALIZED ARTELIOSCIELOSIS  Orditions contributing to the death but not related to the disease or condition causing death.  13a. DATE OF OPERA- TION  TION  TYES	Yes, no, or unknown)   (If yes, give	NO. OF dates of service)	a. I	ADDRESS ellingtor
DUE TO (c) SENERALIZED RETECTORISTS  DUE TO (c) SENERALIZED RETECTORISTS  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition cousing death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  TYPES	Enter only one course per ine for (a), (b), and (c)  This does not mean ANTE	ASE OR CONDITION TLY LEADING TO DEATH*(a)	solitic lead decease	INTERVAL BETWEE ONSET AND DEATH UNCNOWN
19a. DATE OF OPERATION 20. AUT	te. It means the dis- ass, injury, or complica- ion which caused death. II. OTI	DUE TO (6) SE  ER SIGNIFICANT CONDITIONS FPA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
19a. DATE OF OPERATION 20. AUT	Condi relate	ons contributing to the death but not to the disease or condition causing death.		1
21a. ACCIDENT FLAC (Bpecify) Rf. SUICIDE FLAC TURE Rf. home, farm, fastory, street, office bidg., sto.) HOMICIDE KNEE - NOME. (COUNTY)	Sa. DATE OF OPERA-   19b. M			20. AUTOPSY1
	1a. ACCIDENT FLAC (Specify) SUICIDE FLAC TOLE HOMICIDE	LT: home, farm, factory, street, office bidg., etc		4250
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? 14. FELL OUT 16 F 13.  INJURY / 3 50 m. WHILE AT NOT WHILE XI WORK AT WORK	ld. TIME (Month) (Day)			BED-
22. I hereby certify that I attended the deceased from 1 16, 1950, to 2.4, 1950, that I last saw the alice on 2.4, 1950, and that death occurred at 2.5 m., from the causes and on the date stated above.	7 /	uenaea ine aeceasea from	0.45	
		<del></del>	23b. ADDRESS	2.6 -50
21a. BURIAL CREMA- 24b. DATE T24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) TION, REMOVAL (Burial 1) 2/8/50 Bellefontaine Cem. St. Louis No.	la. BURIAL, CREMA- 24b. (ION, REMOVAL (Books) Durial () 2	····	aine Cem.   St. Louis Mo.	
FEB 6 REG. REGISTRAR'S SIGNATURE ADDRESS Wagoner Mortuary, 4161 Lindell	DEC 1	THAR'S SIGNATURE	- 1 <sup></sup>	

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`\ Student	Signed & obest T Sangeler
Student Embalmer	Licensed Embalmer No. 4298

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. .

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.)

working under my personal supervision.

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