

FILED APR 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11146**
Registrar's No. **3170**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3433 A. Texas Ave		d. STREET ADDRESS (If rural, give location) 3433 A. Texas Ave	

3. NAME OF DECEASED (Type or Print) a. (First) Helen b. (Middle) Vivian c. (Last) Stone			4. DATE OF DEATH (Month) (Day) (Year) 4-3-1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 8-14-1880	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days 2 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Theodore Hovalman	13b. MOTHER'S MAIDEN NAME Katherine Rassejour	14. NAME OF HUSBAND OR WIFE *****
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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. 489-10-0734 D	17. INFORMANT'S SIGNATURE OR NAME Leroy Stone	ADDRESS 3855 Humphrey St
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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)		Phonic Rheocarditis		10 days
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
DUE TO (b) none		DUE TO (c) none		
II. OTHER SIGNIFICANT CONDITIONS		Acute Nephritis		8 days
Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 4214
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **March 25, 1950**, to **April 3, 1950**, that I last saw the deceased alive on **April 3, 1950**, and that death occurred at **1:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Julius E. Katter	(Degree or title) M.D.	23b. ADDRESS 2603 Cherokee St	23c. DATE SIGNED April 3-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-6-1950	24c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery	24d. LOCATION (City, town, or county) (State) 1800 Lemay Ferry Road Mo
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DATE REC'D BY LOCAL REG. APR 4 1950	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Ziegenheim Bros	ADDRESS 6409 Gravois Ave
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD!
X ac attack from liver, endo

Handwritten mark

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 *Henry M. Brammer*

Licensed Embalmer No. *4200*

P. O. Address *St. Louis*

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.