

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3069 Registrar's No. 910

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights
c. LENGTH OF STAY (In this place) 7 Yrs
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION StMarys Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY StLouis
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights
d. STREET ADDRESS 6420 Clayton

3. NAME OF DECEASED
a. (First) Elizabeth
b. (Middle) _____
c. (Last) Himmelberg
4. DATE OF DEATH (Month) (Day) (Year) April 7 1950

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH 7-5-1881
9. AGE (In years last birthday) 68

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Saline County Missouri
12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME John Sellmeyer
13b. MOTHER'S MAIDEN NAME Anna Brinker
14. NAME OF HUSBAND OR WIFE Frank

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____
16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME Mrs S Yeager Zimmerman Minn
ADDRESS _____

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. _____
INTERVAL BETWEEN ONSET AND DEATH 3 mths
10 yrs

19a. DATE OF OPERATION _____
19b. MAJOR FINDINGS OF OPERATION _____
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) St. Louis

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____
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 June, 1946, to April 6, 1950, that I last saw the deceased alive on April 6, 1950, and that death occurred at 1125 A. m., from the causes and on the date stated above.

23a. SIGNATURE Fred Kramer M.D. (Degree or title)
23b. ADDRESS 634 No Grand
23c. DATE SIGNED 4-7-50

24a. BURIAL, CREMATION, REMOVAL (Specify) removal
24b. DATE 4-7-1950
24c. NAME OF CEMETERY OR CREMATORY Glasgow
24d. LOCATION (City, town, or county) (State) Glasgow Missouri

DATE REC'D BY LOCAL REG. APR 7 1950
REGISTRAR'S SIGNATURE Herbert R. Rouben
25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service Inc.
ADDRESS 1207 Manchester Ave. St. Louis 10, Mo.

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

1055

8-2-4

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.....
Student Embalmer

Signed

Ronald O. Yalmske

Licensed Embalmer No. *3917*

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.