

No. 300
10.48
0142

FILED MAY 25 1950

STANDARD CERTIFICATE OF DEATH

State File No. 16047
Registrar's No. 163

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton, Mo</u>		c. LENGTH OF STAY (In this place) <u>17 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>		4356
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital no. 1</u>			d. STREET ADDRESS (If rural, give location) <u>7409 Shaffsbury</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARIAM</u> b. (Middle) <u>-</u> c. (Last) <u>GELLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 17 1950</u>		
5. SEX <u>Women</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>5 May 1879</u>		9. AGE (In years last birthday) <u>71</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>12</u> IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Russia</u>		12. CITIZEN OF WHAT COUNTRY? <u>unk</u>

13a. FATHER'S NAME <u>unk</u>		13b. MOTHER'S MAIDEN NAME <u>unk</u>		14. NAME OF HUSBAND OR WIFE <u>unk</u>	
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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) <u>unk</u>	16. SOCIAL SECURITY NO. <u>unk</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>State Hospital Records - Fulton, Mo</u>			
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral arterio Sclerosis - unk</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES <u>Leukorrhea</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hyposstatic Pneumonia</u>			332X
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			

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 1 May, 1950, to 17 May, 1950; that I last saw the deceased alive on 17 May, 1950, and that death occurred at 12:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>G.S. Warheit</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Fulton, Mo.</u>		23c. DATE SIGNED <u>17 May 50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 19-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>D.K.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>		
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DATE REC'D BY LOCAL REG. <u>May 17-1950</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		426	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Wallace Funeral Home Fulton Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

District File Number _____

District Health Officer No. 9

RECEIVED
MAY 22 1950

OCT 15 1953

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 Dezile C. Browning

Signed.....
Student Embalmer

Licensed Embalmer No. 2924

P. O. Address Duluth mo

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.