

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32259**

FILED OCT 10 1950

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>6076</b>		Registrar's No. <b>2277</b>		
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mehlville</b>			c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mehlville</b> <b>4870</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3915 Lemay Ferry Road</b>				d. STREET ADDRESS (If rural, give location) <b>3915 Lemay Ferry Road</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Louise</b>			b. (Middle) <b>Josephine</b>		c. (Last) <b>Vanarde</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>9-22-1950</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>9-25-1873</b>		9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Henry Wiethop</b>			13b. MOTHER'S MAIDEN NAME <b>Helena Theiss</b>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Roy Vanarde</b>		ADDRESS <b>3837 Fillmore St</b>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Oedema of the brain</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Not known</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <b>Chronic Myocarditis about 4 days</b>				
				DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<b>4722</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 <b>Aug 9, 1950</b> , to <b>Sept 22, 1950</b> , that I last saw the deceased alive on <b>Aug 21, 1950</b> , and that death occurred at <b>2:30 a.m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>Waldon H. Hill - 0</b>				23b. ADDRESS <b>3606 Lemay Ferry Rd (No 9)</b>		23c. DATE SIGNED <b>9/23/50</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-25 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Old St. John's Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Mehlville Mo</b>		
DATE REC'D BY LOCAL REG. <b>9-23-50</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donike MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ziegenhain Bros</b>		ADDRESS <b>6409 Gravois Ave</b>		

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

**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.