

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2453
Registrar's No. 669

FILED JAN 31 1951

BIRTH NO.		REG. DIST. NO. <u>318</u>	PRIMARY REG. DIST. NO. <u>1003</u>	Registrar's No. <u>669</u>	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CITY INFIRMARY</u>			d. STREET ADDRESS <u>2625 St Vincent Av</u>		
3. NAME OF DECEASED (Type or Print) <u>SUSAN (Susie F.)</u>		a. (First)	b. (Middle)	c. (Last) <u>DAUME</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1- 22 1951</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W. 2</u>		8. DATE OF BIRTH <u>NOV-25-1867</u>	9. AGE (In years last birthday) <u>83 YRS</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mo. U</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>John Diehl</u>		13b. MOTHER'S MAIDEN NAME <u>SUSAN BEFLER</u>		14. NAME OF HUSBAND OR WIFE <u>FRED DAUME</u>	
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 ADDRESS <u>Mrs Emma Keneade 2636 Park Av</u>	
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) <u>Uremia</u>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myo-pericardial Cardiovascular</u> DUE TO (c) <u>Renal Disease</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H#2X</u>	
22. I hereby certify that I attended the deceased from <u>11/26/</u> , 19 <u>45</u> , to <u>1/22</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1/22/</u> , 19 <u>51</u> , and that death occurred at <u>4:45 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>George M. Savaka, M.D.</u>			23b. ADDRESS <u>5800 Arsenal Street</u>		23c. DATE SIGNED <u>1/22/51</u>
24a. BURIAL CREMATION-REMOVAL (Specify)		24b. DATE <u>JAN-25-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New St. MARCUS</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
DATE REC'D BY LOCAL REG. <u>JAN 22 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Kauter</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. Schmeer 3125 Lafayette</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

21 5 23

19001, 19100, 19200

19300

19400

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

Joe B. Hollmer

Signed.....
Student Embalmer

Licensed Embalmer No. 4004

P. O. Address 3125 Lafayette

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.