

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 19 1951

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **100** Registrar's No. **193**

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. LENGTH OF STAY (In this place) 70 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4319a Gibson		STREET ADDRESS (If rural, give location) 4319a Gibson	

3. NAME OF DECEASED (Type or Print)	a. (First) Louise	b. (Middle)	c. (Last) Medler	4. DATE OF DEATH (Month) (Day) (Year)	1 7 51
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH 2-5-1870	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 24 HOURS Days	IF UNDER 1 MIN. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Jerseyville, Illinois	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Fred Haushalter	13b. MOTHER'S MAIDEN NAME Louise Lindemann	14. NAME OF HUSBAND OR WIFE Herman Medler
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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. None	17. INFORMANT'S SIGNATURE OR NAME Miss Florence Medler, 4319a Gibson	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SARCOFIBROSIS		INTERVAL BETWEEN ONSET AND DEATH 7 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	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 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)
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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? 490X
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22. I hereby certify that I attended the deceased from **July 1, 1951** to **July 7, 1951**, that I last saw the deceased alive on **July 7, 1951** and that death occurred at **10:20 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. E. Sheets	23b. ADDRESS 204329th March	23c. DATE SIGNED 1/8/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-10-51	24c. NAME OF CEMETERY OR CREMATORY St. Paul Luth. Cem.	24d. LOCATION (City, town, or county) (State) Des Peres, Mo.
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DATE FILED BY LOCAL REGISTRAR'S SIGNATURE JAN 9 1951 J. B. Fester	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWIEDEN FUNERAL HOME, 1936 St. Louis
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. M. E. Sheets

4329 Manchester

Hours 1 - 2
5 - 6.

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 Walter J. Krupin

Signed.....
Student Embalmer

Licensed Embalmer No. 3497

P. O. Address 1936 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.