

FILED MAR 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6335

State File No. 1788
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>2 Weeks</u>		d. STREET ADDRESS (If rural, give location) <u>2117 Penrose Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnes</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Helen</u>	b. (Middle) <u>Virginia</u>	c. (Last) <u>Lagershausen</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2 21 51</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 11, 1906</u>	9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Collins</u>	13b. MOTHER'S MAIDEN NAME <u>Nellie White</u>	14. NAME OF HUSBAND OR WIFE <u>Walter O. Lagershausen</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Walter O. Lagershausen</u>	ADDRESS <u>2117 Penrose, St.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>		<u>24 hours</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Rheumatic Heart Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		<u>30 years</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>Mitral Stenosis, 10 years</u>	20. AUTOPSY? YES <input checked="" 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) _____
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? <u>H16X</u>

22. I hereby certify that I attended the deceased from 2/6, 1951, to 2/21, 1951, that I last saw the deceased alive on 2/21, 1951, and that death occurred at 7:25P m., from the causes and on the date stated above.

23a. SIGNATURE <u>F.R. Bradley</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Barnes Hospital</u>	23c. DATE SIGNED <u>2/21/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 24, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
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DATE/RECD BY LOCAL REG. <u>WAB 23 1951</u>	REGISTRAR'S SIGNATURE <u>J. B. Luster</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Math Hermann & Son, Inc.</u>	ADDRESS <u>2161 E. Fair Ave.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.

Signed.....
Student Embalmer

Signed *Allen W. Hob*
Student Embalmer No.....

Licensed Embalmer No. *372*

P. O. Address *St. Louis, 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.