

S. No. 300
V. 10. 49

FILED APR 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11013

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **69**

1. PLACE OF DEATH a. COUNTY St. Louis		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 Berkley City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Penn Nursing Home		d. STREET ADDRESS (If rural, give location) 5617 Cabanne Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Louise b. (Middle) _____ c. (Last) Carstens		4. DATE OF DEATH (Month) (Day) (Year) March 16, 1951.	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 30, 1877
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Antoine Carstens	
13b. MOTHER'S MAIDEN NAME Henrietta Breiding		14. NAME OF HUSBAND OR WIFE _____	
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 ADDRESS Miss Hattie Carstens 5617 Cabanne Ave.
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis INTERVAL BETWEEN ONSET AND DEATH unknown ANTECEDENT CAUSES DUE TO (b) Cerebral sclerosis 1 year DUE TO (c) Postencephalitic Parkinson's disease 15 years II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple decubiti Hypertensive Cardiovascular disease	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 0830 3.5.0. X	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) _____	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 Feb 15, 1951, to March 16, 1951 , that I last saw the deceased alive on March 13, 1951 , and that death occurred at 10:15 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Lewis Littman M.D. (Degree or title)		23b. ADDRESS 823 Clayton Rd. (47)	23c. DATE SIGNED 3/17/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-19-51.	24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.
DATE REC'D BY LOCAL REG. 3-17-51	REGISTRAR'S SIGNATURE Harbert A. Banks M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc. 2161 E. Fair Ave.	

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

