

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 20 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 874

1. PLACE OF DEATH  
a. COUNTY St. Louis  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Manchester  
c. LENGTH OF STAY (in this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Manchester nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri  
b. COUNTY  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2069  
d. STREET ADDRESS (If rural, give location) 1288 Sells Ave.

3. NAME OF DECEASED (Type or Print)  
a. (First) Mary b. (Middle) c. (Last) KMX Julius  
4. DATE OF DEATH (Month) (Day) (Year) April 3. 1951

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed  
8. DATE OF BIRTH Nov. 10. 1866 9. AGE (in years last birthday) 84

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home 10b. KIND OF BUSINESS OR INDUSTRY Nil  
11. BIRTHPLACE (State or foreign country) Highland, Ill 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Briner 13b. MOTHER'S MAIDEN NAME Louisa Force 14. NAME OF HUSBAND OR WIFE Fred J. Julius

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 Stella Willmering 1288 Sells

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Chr. Myocarditis  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) S  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 422.1 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~~Jan 1950~~ to Apr 3, 1951, that I last saw the deceased alive on Apr 2, 1951, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED  
Chf Denny Wd Crave Coeur Mo 4-4-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE April 6. 51 24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul 24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. 4/4/51 REGISTRAR'S SIGNATURE Herbert R. Donker W. A. Stock, 2117 E. Grand

(Licensed Embalmer's Statement on Reverse Side)

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

200  
4

*Handwritten text, possibly a name or address, mostly illegible.*

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.....

*Frank A. Moore*

Signed.....  
Student Embalmer.....

*Handwritten signature of student embalmer.*

Licensed Embalmer No. 3041

P. O. Address 2117 T. Green

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.