

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 4 1951

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 129

3620

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

| | | | |
|--|---|---|------|
| 1. PLACE OF DEATH a. COUNTY <u>Franklin</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u> | c. LENGTH OF STAY (In this place) <u>6 days</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Clair</u> | 0360 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis</u> | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |

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|---|-------------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Willette</u> b. (Middle) <u>Helen</u> c. (Last) <u>Steuber</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 26, 1951</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married 1</u> | 8. DATE OF BIRTH <u>July 14, 1921</u> | 9. AGE (In years last birthday) <u>30</u> | IF UNDER 1 YEAR Months <u>2</u> Days <u>10</u> |
| 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>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

| | | |
|--|---|--|
| 13a. FATHER'S NAME <u>Louis Wilmes</u> | 13b. MOTHER'S MAIDEN NAME <u>Wegman</u> | 14. NAME OF HUSBAND OR WIFE <u>Charles H. Steuber</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Charles H. Steuber</u> ADDRESS <u>St. Clair</u> |

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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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>MINUTES</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY EMBOLISM</u> | | |
| | ANTECEDENT CAUSES DUE TO (b) <u>CESAREAN SECTION 6 days before death.</u> DUE TO (c) <u>MASSIVE FIBROMYOMA COMPLETELY OCCLUDING CEREBRAL CANAL</u> | | |

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|--|--|--|
| 19a. DATE OF OPERATION <u>9-21-51</u> | 19b. MAJOR FINDINGS OF OPERATION <u>↓</u> | 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) <u>214XE</u> |
| 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? |

22. I hereby certify that I attended the deceased from _____, 1949, to SEPT 26, 1951, that I last saw the deceased alive on Sept 26, 1951, and that death occurred at 10:30 A. m., from the causes and on the date stated above.

| | | |
|---|------------------------------------|---|
| 23a. SIGNATURE <u>John F. Pearl, M.D.</u> (Degree or title) | 23b. ADDRESS <u>St. Clair, Mo.</u> | 23c. DATE SIGNED <u>9-27-51</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Sept 28, 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u> |
| 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> | | |

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|---|--|---|
| DATE REC'D BY LOCAL REG. <u>Sept 27, 1951</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS |
|---|--|---|

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 2 1951

RECEIVED

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Sheldon W. Fell

Signed _____

Student Embalmer

Licensed Embalmer No. 3783

P. O. Address St. Clair, 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.