

No. 38
10. 48

FILED JAN 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43620

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 4103

4300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | |
|---|-------------------------------|--|-----------------------------------|
| 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 <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township OR TOWN <u>Gardenville</u> | | c. LENGTH OF STAY (in this place) <u>0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Willder Nursing Home</u> | | d. STREET ADDRESS (If rural, give location) <u>5018 A. Elenore Ave</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>Barbara</u> c. (Last) <u>Eck</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>12-25-1951</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | 8. DATE OF BIRTH <u>3-27-1881</u> |
| 9. AGE (In years last birthday) <u>70</u> | | IF UNDER 1 YEAR: Months _____ Days _____ | |
| IF UNDER 1 YEAR: Hours _____ Min. _____ | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 14. NAME OF HUSBAND OR WIFE _____ | |
| 13a. FATHER'S NAME <u>Henry Grothaus</u> | | 13b. MOTHER'S MAIDEN NAME <u>Theresa Klein</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>Carl S. Steumler</u> | | ADDRESS <u>5018 A. Elenore Ave</u> | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | |
| MEDICAL CERTIFICATION | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Heart and Kidney Disease</u> | | | |
| INTERVAL BETWEEN ONSET AND DEATH <u>6 Mo.</u> | | | |
| ANTECEDENT CAUSES | | | |
| Morbidity 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. <u>Arteriosclerosis</u> | | | |
| 19a. DATE OF OPERATION <u>no</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 19b. MAJOR FINDINGS OF OPERATION _____ | | 21. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Missouri</u> | |
| 21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | |
| 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 <u>May 21, 1951</u> to <u>Dec. 25, 1951</u> , that I last saw the deceased alive on <u>Dec. 23, 1951</u> , and that death occurred at <u>1:30 P.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>H. H. Matthes M.D.</u> | | 23b. ADDRESS <u>3608 South Grand Blvd.,</u> | |
| 23c. DATE SIGNED <u>12/26/51</u> | | 24. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>12-28-1951</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Alfton Mo</u> | |
| DATE REC'D BY LOCAL REG? <u>12/26/51</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Herbert R. Sombke</u> | |
| REGISTRAR'S SIGNATURE _____ | | ADDRESS <u>6409 Gravois Ave</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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.

Student
Student Embalmer

Signed

Yau M. Lyman

Licensed Embalmer No.

4343

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.