

**THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **11080**

S. No. 300  
V. 10.44

**FILED MAR 29 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **4468** Registrar's No. **716**

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>OVERLAND</b>		c. LENGTH OF STAY (In this place) <b>4 MO. 24</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>OVERLAND RESTORIUM</b>		d. STREET ADDRESS (If rural, give location) <b>2818 WISCONSIN</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>DENA</b> b. (Middle) <b>COURVOISIER</b> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <b>MAR 15 1952</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>NOV. 26 1868</b>
9. AGE (In years last birthday) <b>83</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>	11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>JACOB FREINER</b>	
13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>LESTER MUELLER</b>		ADDRESS <b>3130 OREGON</b>	
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) <b>Terminal - Pneumonia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Ulcer - Breast</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>170X</b>	
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 <b>Oct. 1 - 1952</b> , to <b>Mar. 15 - 1952</b> , that I last saw the deceased alive on <b>Mar. 15 - 1952</b> , and that death occurred at <b>4:45 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Herb Allweber Sr.</b> (Degree or title) _____		23b. ADDRESS <b>M.R. Overland 14 Mo</b>	
23c. DATE SIGNED <b>3-17-52</b>		23d. DATE _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>MAR 18 1952</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>NEW ST. MARCUS CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO.</b>	
DATE REC'D BY LOCAL REG. <b>3-17-52</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donke</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Katis</b>		ADDRESS <b>2906 Gravois</b>	

5W (Licensed Embalmer's Statement on Reverse Side)

1 30 PM to 4:00 PM

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

*Leif Budde*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3989*

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.