

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14856

State File No. ....

FILED APR 25 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3338**

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

1. PLACE OF DEATH a. COUNTY		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 OR TOWN <b>St. Louis, Missouri</b> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b>	
c. LENGTH OF STAY (In this place)		2249	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1</b>		d. STREET ADDRESS (If rural, give location) <b>24 3133a Osage St.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>ANNA</b>		b. (Middle) <b>M.</b>	
c. (Last) <b>TORLINA</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 8, 1952</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>July 25, 1859</b>
9. AGE (In years last birthday) <b>92</b>		IF UNDER 1 YEAR Months Days	
IF UNDER 24 HRS. Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Cincinnati, Ohio /</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Joseph Evaslage</b>	
13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>George E. Torlina</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Irma B. Wagner</b>		ADDRESS <b>3133a Osage St. (18)</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>Myocardial Infarction</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Arteriosclerotic Coronary Thrombosis</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? <input type="checkbox"/> YES <input type="checkbox"/> 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>H2O 1"</b>		22. I hereby certify that I attended the deceased from <b>3-22-52</b> , 19___, to <b>4-8-52</b> , 19___, that I last saw the deceased alive on <b>4-8-52</b> , 19___, and that death occurred at <b>1:20P m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>E. C. Catamano M.D.</b> (Degree or title)		23b. ADDRESS <b>1515 Lafayette Avenue</b>	
23c. DATE SIGNED <b>4-8-52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial (1)</b>	
24b. DATE <b>Apr. 12, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Göbken-Benz Mortuary 2842 Meramec St.</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>APR 9 1952</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Göbken-Benz Mortuary 2842 Meramec St.</b>	

(Licensed Embalmer's Statement on Reverse Side)

St. Louis, 18, Mo.

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 me

working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Joe B. Benz*  
4249

Signed.....  
Student Embalmer

Licensed Embalmer No. ....

2842 Meramec St.

P. O. Address St. Louis, 18, 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.