

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18744

State File No. _____

No. 300
10-48
FILED MAY 27 1952

BIRTH NO. _____		REG. DIST. NO. <u>317</u>	PRIMARY REG. DIST. NO. <u>2002</u>	Registrar's No. <u>1339</u>
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>		c. LENGTH OF STAY (in this place) <u>28 Yrs.</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u> <u>4356</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7526 Trenton Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>7526 Trenton Ave.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>		b. (Middle) <u>A.</u>		c. (Last) <u>MEDLER</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>May 20 1952</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>Sep. 25, 1871</u>	9. AGE (In years last birthday) <u>80</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (State or foreign country) <u>Florissant, Mo.</u>	12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Frank Winter</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Keaven</u>		14. NAME OF HUSBAND OR WIFE <u>Late John J. Medler</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary Manley</u> ADDRESS <u>7526 Trenton 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>Acute Subacute Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4222</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 Days</u> <u>4 Year</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____			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) _____		
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 17</u> , 19 <u>52</u> , to <u>May 21</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>May 21</u> , 19 <u>52</u> , and that death occurred at <u>6:30 A.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Herbert P. Danks</u> (Degree or title)		23b. ADDRESS <u>4114 W. Florissant St.</u>		23c. DATE SIGNED <u>5/21/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 23, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sacred Heart Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Florissant, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-22-52</u>	REGISTRAR'S SIGNATURE <u>Herbert P. Danks M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl</u>		

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

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 *Edison M. G. Bernatt* _____

Licensed Embalmer No. *3024* _____

P. O. Address _____

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.