

No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33749

State File No. ....

20 SEP 23 1952

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>590</u>		Registrar's No. <u>2404</u>				
1. PLACE OF DEATH <u>6414 PAGE AVE.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)						
a. COUNTY <u>ST. LOUIS</u>				a. STATE <u>MISSOURI</u>		b. COUNTY <u>ST. LOUIS</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>WELLSTON</u>		c. LENGTH OF STAY (in this place) <u>4 MONTHS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>UNIVERSITY</u>		TOWN <u>CITY</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MIN-EL NURSING HOME</u>				d. STREET ADDRESS (If rural, give location) <u>6950 DARTMOUTH</u>						
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH							
a. (First) <u>ELIZABETH</u>			b. (Middle) <u>KATHERINE</u>			c. (Last) <u>DEGENHART</u>				
5. SEX <u>FEMALE</u>			6. COLOR OR RACE <u>WHITE</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>				
8. DATE OF BIRTH <u>JAN. 10, 1868</u>			9. AGE (In years last birthday) <u>83</u>		10. IF UNDER 1 YEAR Days <u>8</u> Hours <u>4</u>		11. IF UNDER 1 YEAR Hours <u>4</u> Min.			
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 <u>AT HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>BRANCH, MANITOWOC WISCONSIN</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>PETER THEISEN</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			14. NAME OF HUSBAND OR WIFE <u>WILLIAM M. DEGENHART</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>RALPH W DEGENHART</u>			ADDRESS <u>1416 RANKIN</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atherosclerosis Heart Disease</u>				INTERVAL BETWEEN ONSET AND DEATH		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES						
				DUE TO (b) <u>Diabetes Mellitus</u>						
				DUE TO (c) <u>260X</u>						
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"/>		
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>8/22, 1952</u> , to <u>9-14, 1952</u> , that I last saw the deceased alive on <u>9/13, 1952</u> , and that death occurred at <u>7:00 p.m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>R. Hayden M.D.</u> (Degree or title)					23b. ADDRESS <u>730 Hadriamouth</u>			23c. DATE SIGNED <u>9-16-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT. 17, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MISSOURI</u>				
DATE REC'D BY LOCAL REG. <u>9-16-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Bocklage</u> ADDRESS <u>6536 Clayton St</u>					

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

521 (Licensed Embalmer's Statement on Reverse Side)

AUG 5 1953

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

*John J. Gaines*

Licensed Embalmer No. *4108*

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.