

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41118**

FILED DEC 1 1952

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 500		Registrar's No. 3024	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Affton		c. LENGTH OF STAY (In this place) 12 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Affton		4820	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4813 Autumn Drive				d. STREET ADDRESS (If rural, give location) 4813 Autumn Dr.			
3. NAME OF DECEASED (Type or Print) a. (First) Elva L. A. Iberg			b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Nov 23 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 2, 1903		9. AGE (In years) (last birthday) 49	IF UNDER 1 YEAR Months 3 Days 21
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Labeler		10b. KIND OF BUSINESS OR INDUSTRY Extract Co.		11. BIRTHPLACE (City and State or Foreign Country) Highland Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Fred Buettikofer			13b. MOTHER'S MAIDEN NAME Caroline Ulrich		14. NAME OF HUSBAND OR WIFE Raymond Iberg		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 499-26-2023		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Raymond Iberg 4813 Autumn Dr.			
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) Coronary Thrombosis ANTECEDENT CAUSES Hypertensive Cardio-vascular renal disease. 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. 4201						INTERVAL BETWEEN ONSET AND DEATH 1 hour 6 years
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 June 8, 1948 , to Nov. 23, 1952 , that I last saw the deceased alive on Nov. 5, 1952 , and that death occurred at 4:15 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Benjamin M.D.				23b. ADDRESS 7430 Virginia Avenue		23c. DATE SIGNED 11/24/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/26/52		24c. NAME OF CEMETERY OR CREMATORY St. Pauls Churchyard		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
DATE REC'D BY LOCAL REG. 11-25-52		REGISTRAR'S SIGNATURE Harold R. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John L. Siegenheim & Sons 7027 Gravois Ave.			

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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 Merill B. Frohwitter

Licensed Embalmer No. 3696

P. O. Address 7027 Gravois

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.