

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **44078**  
Registrar's No. **3302**

FILED JAN 8 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590**

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>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Berkley City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>University City</b> / <b>331</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Penn Nursing Home</b>		d. STREET ADDRESS (If rural, give location) <b>6326 Waterman Ave.</b> / <b>1</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Verna</b> b. (Middle) <b>Rice</b> c. (Last) <b>Hagen Gidenhagen</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 23, 1952</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b> / <b>2</b>	8. DATE OF BIRTH <b>Sept. 18, 1886</b>	9. AGE (In years - last birthday) <b>66</b>	10. IF UNDER 1 YEAR Months <b>3</b> Days <b>5</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Food Dept.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Liggett-Myers</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Linn Missouri</b> / <b>U</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Mc Clellan Rice</b>		13b. MOTHER'S MAIDEN NAME <b>Ellen Lambeth</b>		14. NAME OF HUSBAND OR WIFE <b>Edward Gidenhagen</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <b>NO</b> / <b>NO</b>		16. SOCIAL SECURITY NO. <b>489-10-4788</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ruth Brown 6326 Waterman Ave.</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>Perkins main</b>				INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <b>350X</b>				

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 **Nov 11 1952** present, 19**52**, that I last saw the deceased alive on **Nov 6**, 19**52**, and that death occurred at **11:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Michael M. Karl M.D.</b>		23b. ADDRESS <b>3720 Washington Blvd.</b>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-27-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	
DATE REC'D BY LOCAL REG. <b>12-26-52</b>		REGISTRAR'S SIGNATURE <b>Harold R. Dunbar</b>		FURNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. J. Smart 1225 Union</b>	

(Licensed Embalmer's Statement on Reverse Side)

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 Melvin F. Kemper

Licensed Embalmer No. 4052

P. O. Address 3505 Oakdale

St. Louis 20, 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.