

FILED FEB 11 1953

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3267**
Registrar's No. **0989**

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2199	
d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sisters of the Poor				d. STREET ADDRESS (If rural, give location) 19 4337 Maryland			
3. NAME OF DECEASED (Type or Print) Mary		a. (First)		b. (Middle) J.		c. (Last) Ilges	
4. DATE OF DEATH (Month) (Day) (Year) 1-26-1953		5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 12-14-1873		9. AGE (In years last birthday) 79		10. MONTHS 79		11. HOURS 79	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and State or Foreign Country) St. Liberty Ill		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Joseph Fromme		13b. MOTHER'S MAIDEN NAME Anna Schniederjans		14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Joseph Ilges-7605 Suffolk-		ADDRESS Shrewsbury Mo	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis Senility ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions causing death. None				INTERVAL BETWEEN ONSET AND DEATH ? ? ? ? ? ?	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		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.) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 4222			
22. I hereby certify that I attended the deceased from Jan 2, 1953 , to Jan 26, 1953 , that I last saw the deceased alive on Jan 23, 1953 and that death occurred at 3P m., from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) Donald H. Hottel M.D.				23b. ADDRESS 2435 N. Grand Blvd		23c. DATE SIGNED 1-27-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-29-1953		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo	
DATE REC'D BY LOCAL REG. JAN 28 1953		REGISTRAR'S SIGNATURE Paul Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chris Koch + Son - 3516 E. 14th			

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

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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

J. E. Morris

Licensed Embalmer No. *336 C*

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.