

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

State File No. **7365**

FILED MAR 11 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1714**

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. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 15 3447 Itaska	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3447 Itaska			
3. NAME OF DECEASED (Type or Print) Lizzie		4. DATE OF DEATH (Month) (Day) (Year) 2 12 53	
a. (First)		b. (Middle)	
c. (Last) Bohle			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 7/18/71
9. AGE (In years last birthday) 81		10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (State or foreign country) Union Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Wm Tubbesing		13b. MOTHER'S MAIDEN NAME Brader	
14. NAME OF HUSBAND OR WIFE Herman Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ne		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Wm Steinkamp		ADDRESS 3447 Itaska	
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) Coronary Thrombosis ANTECEDENT CAUSES Chronic Myocarditis Asorbid 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 Aterio - Sclerosis	
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		4201	
22. I hereby certify that I attended the deceased from Jan 31, 1953 , to Feb 12, 1953 , that I last saw the deceased alive on Feb 11, 1953 , and that death occurred at P. M. , from the causes and on the date stated above.			
23a. SIGNATURE Wm M. Kinner M.D.		23b. ADDRESS 3014 S. Jefferson	
23c. DATE SIGNED Feb 19 53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/14/53	
24c. NAME OF CEMETERY OR CREMATORY Dittmer Cemetry		24d. LOCATION (City, town, or county) (State) Dittmer Mo.	
DATE REC'D BY LOCAL REG. FEB 13 1953		REGISTRAR'S SIGNATURE Paul Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Schumacher		ADDRESS Schumacher Funeral Home 3013 Meramec	

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

APR 24 1952

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.....

Licensed Embalmer No. *4246*

P. O. Address *St Louis*

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.