

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8022

FILED MAR 11 1953

318

1003

State File No.

1947

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, Mo		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo 2209	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 20 2615 Elliot Av	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2615 Elliot Ave			

3. NAME OF DECEASED (Type or Print) a. (First) Mary	b. (Middle)	c. (Last) Tranel	4. DATE OF DEATH (Month) (Day) (Year) 2 16 53
-----------------------------------------------------------	-------------	---------------------	-----------------------------------------------------

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12-10-1868	9. AGE (in years last birthday) 84	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
------------------	---------------------------	-------------------------------------------------------------------	--------------------------------	---------------------------------------	--------------------------------	-------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo	12. CITIZEN OF WHAT COUNTRY?
----------------------------------------------------------------------------------------------------------	-----------------------------------	---------------------------------------------------------------------	------------------------------

13a. FATHER'S NAME Lawrence Gerber	13b. MOTHER'S MAIDEN NAME Mary Reuter	14. NAME OF HUSBAND OR WIFE A.W. Tranel (deceased)
---------------------------------------	------------------------------------------	-------------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs Josephine Berber	ADDRESS 2615 Elliot Av
-------------------------------------------------------------------------------------------------------------------	---------------------------------	-----------------------------------------------------------	---------------------------

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		INTERVAL BETWEEN ONSET AND DEATH 5 yrs 1 yr 1 yr 5 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic - Coronary - Cardiac		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis - Recurrent Myocardial Infarct. DUE TO (c) Hypertension		
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? 4201
-------------------------------------------------	--------------------------------------------------------------------------------------------------------	------------------------------------

22. I hereby certify that I attended the deceased from 3-30, 1951, to 2-16, 1953, that I last saw the deceased alive on 2-16, 1953, and that death occurred at 10:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE H. Capstick M.D.	(Degree or title)	23b. ADDRESS 1901 Madison	23c. DATE SIGNED 2/18/53
------------------------------------	-------------------	------------------------------	-----------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-20-53	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo
-----------------------------------------------------	----------------------	--------------------------------------------------------	----------------------------------------------------------------

DATE REC'D BY LOCAL REG. FEB 19 1953	REGISTRAR'S SIGNATURE C. Smith	25. FUNERAL DIRECTOR'S SIGNATURE Goodhart-Goodhart	ADDRESS 2228 St. Louis, Av
-----------------------------------------	-----------------------------------	-------------------------------------------------------	-------------------------------

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 John J. Hayes

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.