

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16333**
Registrar's No. **3708**

FILED APR 23 1953

BIRTH NO. _____ REG. DIST. NO. **212** PRIMARY REG. DIST. NO. **1003**

4

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

| | | | |
|--|--|--|--|
| 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) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Stone Nursing Home 4373 West Pine Bl. | | e. STREET ADDRESS (If rural, give location) 19 4373 West Pine Blvd. 2199 | |
| 3. NAME OF DECEASED (Type or Print) EMILY | | 4. DATE OF DEATH (Month) (Day) (Year) Apr. 7 1953 | |
| 5. SEX Female | | 6. COLOR OR RACE White | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | | 8. DATE OF BIRTH Feb. 14, 1876 | |
| 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 Joseph Bonk | | 13b. MOTHER'S MAIDEN NAME Rose Ambruster | |
| 14. NAME OF HUSBAND OR WIFE Late William Wagner | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME Marie Mochel | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Breast INTERVAL BETWEEN ONSET AND DEATH 2 years 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. | |
| 19a. DATE OF OPERATION None | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? 170X | | 22. I hereby certify that I attended the deceased from Jan 2, 1953 , to April 7, 1953 that I last saw the deceased alive on April 6, 1953 , and that death occurred at 4:45 P m. , from the causes and on the date stated above. | |
| 23a. SIGNATURE (Degree or title) Osmond E. Campbell M.D. | | 23b. ADDRESS 4373 West Pine Blvd. | |
| 23c. DATE SIGNED 4/8/53 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | |
| 24b. DATE Apr. 10, 1953 | | 24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery | |
| 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser | |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 8 1953 | | ADDRESS 4228 S. Kingshighway Bl. | |

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.....
Signature of Student Embalmer

Signed *Richard W. Stoverand*.....

Licensed Embalmer No. *4007*.....

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.