

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33094

State File No.

Registrar's No. **9408**

FILED OCT 15 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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 Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 5400 Arsenal St. 2139	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) IVAH b. (Middle) DESORMOUX c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Sept. 30, 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH Oct 10, 1883		9. AGE (In years last birthday) 69.		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Jeffersonville, Ohio	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Adam Williams		13b. MOTHER'S MAIDEN NAME Anna Hoffman		14. NAME OF HUSBAND OR WIFE Unknown,	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) Nil.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME St. Louis State Hosp.	
				ADDRESS 5400 Arsenal	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectosis-rt. lung (possible Neoplasm) 1953		ANTECEDENT CAUSES				DUE TO (b) Arteriosclerotic heart disease-asthma	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)				1934x	
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"/>	
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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? 163X	

22. I hereby certify that I attended the deceased from **Jan. 1 1948**, to **Sept 30, 1953**, that I last saw the deceased alive on **Sept 30, 1953**, and that death occurred at **8:15a m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wanda H. ... M.D.		23b. ADDRESS 5400 Arsenal St.		23c. DATE SIGNED 9/30/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-30-53		24c. NAME OF CEMETERY OR CREMATORY So. Charleston, Ohio.	
24d. LOCATION (City, town, or county) (State)					

DATE REC'D BY LOCAL REG. SEP 30 1953		REGISTRAR'S SIGNATURE Albert H. Hoppe		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	
				ADDRESS 4700 Washington.	

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..... *Paul A. Wachter*

Licensed Embalmer No. *4787*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

* If this body is not embalmed, fact should be so stated above.