

## STANDARD CERTIFICATE OF DEATH

State File No. 33456

FILED OCT 15 1953

9459

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE Mo.			c. CITY OR TOWN St. Louis			d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (In this place) 12 days			e. STREET ADDRESS (If rural, give location) 9 7121 W. Florissant 2099											
3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth			b. (Middle) Mary			c. (Last) Inming			4. DATE OF DEATH (Month) (Day) (Year) Sept. 29, 1953								
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH AUG 15, 1878		9. AGE (In years last birthday) 75		10. IF UNDER 1 YEAR Months		11. IF UNDER 1 YEAR Days		12. IF UNDER 1 YEAR Hours		13. IF UNDER 1 YEAR Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK				10b. KIND OF BUSINESS OR INDUSTRY HOME				11. BIRTHPLACE (City and State or Foreign Country) AVISTON, ILL.				12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME Henry Meier				13b. MOTHER'S MAIDEN NAME Theresa Huvelmeier				14. NAME OF HUSBAND OR WIFE JOHN INMING									
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. NONE				17. INFORMANT'S SIGNATURE OR NAME ALFRED INMING				18. ADDRESS 1649 MYLARAN					
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) Generalized arteriosclerosis																	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.												DUE TO (b) with arteriosclerotic heart disease					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.												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				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) m.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? 4200									
22. I hereby certify that I attended the deceased from Sept. 17, 1953, to Sept. 29, 1953, that I last saw the deceased alive on Sept. 29, 1953, and that death occurred at 1:30 P. M., from the causes and on the date stated above.																	
23a. SIGNATURE (Degree or title) Alfred Inming (M.D.)								23b. ADDRESS 5800 Arsenal St.				23c. DATE SIGNED 9-30-53					
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL				24b. DATE 10/3/53		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY				24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO							
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OCT 2 1953				25. FUNERAL DIRECTOR'S SIGNATURE Carl Smith M.D.				ADDRESS BUCHHOLZ-KOELLER 5967 W. FLORISSANT.									

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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.....  
Signature of Student Embalmer

Signed.....  
*Fred W. Buehler*

Licensed Embalmer No.....

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.