

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33955**
Registrar's No. **9300**

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 Mo b. COUNTY 2029			
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		c. LENGTH OF STAY (In this place) 11 wks		c. CITY OR TOWN St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Johns Hospital		e. STREET ADDRESS (If rural, give location) 4965 Schollmeyer			
3. NAME OF DECEASED (Type or Print) a. (First) Minnie b. (Middle) C c. (Last) Ronat			4. DATE OF DEATH (Month) (Day) (Year) Sept. 25, 1953		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH May 12, 1871	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME August Kiese		13b. MOTHER'S MAIDEN NAME Caroline Schaaf		14. NAME OF HUSBAND OR WIFE Arthur A Ronat	
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 ADDRESS Viola Barnett 4965 Schollmeyer		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Cerebral thrombosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 week 2 3 mo.
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 July 12, 1953 , to 9-25, 1953 , that I last saw the deceased alive on 9-25, 1953 and that death occurred at 9:55 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) C. K. Trustel M.D.		23b. ADDRESS 175 S. Kingshighway		23c. DATE SIGNED 9-25-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/28/53	24c. NAME OF CEMETERY OR CREMATORY N St Marcus Cemetery	24d. LOCATION (City, town, or county) (State) St Louis Mo.		
DATE REC'D BY LOCAL REG. SEP 28 1953	REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J L Ziegenhein & Sons 7027 Gravois		

(Licensed Embalmer's Statement on Reverse Side)

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 *C. P. Kidwell*.....

Licensed Embalmer No. *3877*.....

P. O. Address *St. Louis*.....

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