S. No. 300
v. 10.46

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

FILED OCT 2 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34400**

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 2315

1. PLACE OF DEATH
a. COUNTY: St. Louis, Missouri.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): University City
c. LENGTH OF STAY (in this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Res: #7454 Teasdale Ave,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri.
b. COUNTY: St. Louis,
c. CITY OR TOWN: University City 439 60
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): #7454 Teasdale Ave.,

3. NAME OF DECEASED (Type or Print)
a. (First): ANNE
b. (Middle): MAY
c. (Last): PARTENHEIMER.

4. DATE OF DEATH (Month) (Day) (Year): Aug 27, 1953.

5. SEX: Female.
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: April 1, 1898.
9. AGE (In years last birthday): 55.
If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife..
10b. KIND OF BUSINESS OR INDUSTRY: At Home.
11. BIRTHPLACE (City and State or Foreign Country): Columbia, Pennsylvania.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Charles Winkelman.
13b. MOTHER'S MAIDEN NAME: (Unknown) Way.
14. NAME OF HUSBAND OR WIFE: Percy H. Partenheimer.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no.
(If yes, give war or dates of service): no.
16. SOCIAL SECURITY NO.: none.
17. INFORMANT'S SIGNATURE OR NAME: Percy H. Partenheimer, **ADDRESS**: 7454 Teasdale Ave,

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchial asthma (allergic) 10 yrs.
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 4201
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug., 1943, *to* Aug. 27, 1953, *that I last saw the deceased alive on* Aug 27, 1953, *and that death occurred at* 6:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE G. Fuchs. M.D. (Degree or title)
23b. ADDRESS 608 Kingsland
23c. DATE SIGNED 8-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial..
24b. DATE: 8/29/53.
24c. NAME OF CEMETERY OR CREMATORY: Friedens Cemetery..
24d. LOCATION (City, town, or county) (State): St. Louis County, Mo.,

DATE REC'D BY LOCAL REG.: 8/29/53
REGISTRAR'S SIGNATURE: Herbert Jones, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: C.R.Lupton & Sons, **ADDRESS**: #7233 Delmar Blv'd.,
(Licensed Embalmer's Statement on Reverse Side)

Da 8400

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis,

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