THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 24 1953

State File No. 40348

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10729

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis,
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3916 California Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri,
b. COUNTY: 2249 0
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis,
d. STREET ADDRESS (If rural, give location): 24 3916 California Ave.,

3. NAME OF DECEASED (Type or Print)
a. (First): Amelia
b. (Middle):
c. (Last): Degenhardt,

4. DATE OF DEATH (Month) (Day) (Year): November 10, 1953

5. SEX: Female, 1

6. COLOR OR RACE: White,

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married, 1

8. DATE OF BIRTH: Sept. 28, 1895

9. AGE (In years last birthday): 58 | 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): St. Louis, Missouri, 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Christian Walter

13b. MOTHER'S MAIDEN NAME:

14. NAME OF HUSBAND OR WIFE: Bernard G. Degenhardt,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Bernard G. Degenhardt, 3916 California 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) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Malignant tumors of skin

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 ☐ 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?: 420.0H

22. *I hereby certify that I attended the deceased from* July 27, 1953, *to* Nov. 10, 1953, *that I last saw the deceased alive on* Nov. 9, 1953 *and that death occurred at* 6:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Nicholas A. Young MD

23b. ADDRESS: 4307 S Grand Blvd

23c. DATE SIGNED: 11-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial,

24b. DATE: 11/13/53

24c. NAME OF CEMETERY OR CREMATORY: SS. Peter & Paul Cemetery,

24d. LOCATION (City, town, or county) (State): St. Louis, Missouri

DATE REC'D BY LOCAL REG.: NOV 12 1953

REGISTRAR'S SIGNATURE: J Carl Smith MD
MDB

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.

(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 me

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Joe B Benz

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St., St. Louis, 18, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

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