

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41398**
Registrar's No. **10396**

FILED NOV 25 1953

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Mattese 4840	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		e. STREET ADDRESS (If rural, give location) 1230 Theiss Rd.			
3. NAME OF DECEASED (Type or Print) FRIEDA		a. (First)		b. (Middle) VIRDEN	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Nov. 1 1953			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Nov. 2, 1893		9. AGE (In years last birthday) 59		IF UNDER 1 YEAR: Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Ramsey, Ill.	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Andrew Farber		13b. MOTHER'S MAIDEN NAME Elizabeth Atkinson	
14. NAME OF HUSBAND OR WIFE Late Homer Virden		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 Mrs. Roy L. Carron		ADDRESS 1230 Theiss Rd.			
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Carcinoma of Pancreas			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH			
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (b)			
Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 157x	
22. I hereby certify that I attended the deceased from 10/9, 1953, to 11/1, 1953, that I last saw the deceased alive on 11/1, 1953, and that death occurred at 4:15 P. M., from the causes and on the date stated above.					
23a. SIGNATURE Hagenbach M.D.		23b. ADDRESS 4717 Morganford		23c. DATE SIGNED 11/2/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Mtr)		24b. DATE Nov. 4, 1953		24c. NAME OF CEMETERY OR CREMATORY Ramsey Protestant Cem.	
24d. LOCATION (City, town, or county) (State) Ramsey, Ill.		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser		ADDRESS 4228 S. Kingshighway Bl.	
DATE REC'D BY LOCAL REG. NOV 2 1953		REGISTRAR'S SIGNATURE Carl Smith M.D.			

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 *John A. Krause*.....
Licensed Embalmer No. *4533*.....
P. O. Address *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.