

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44259**

FILED DEC 16 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11257**

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) 3 WEEKS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLAYTON 444	
d. FULL NAME OF HOSPITAL OR INSTITUTION DEACONESS HOSP		d. STREET ADDRESS (If rural, give location) 233 S. BEMISTON	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) AMELIA	b. (Middle) W.	c. (Last) HERPEL	Nov 26 1953		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH (If under 1 year last birthday) (Month) (Day) (Year) DEC 13-1864 88 1 13		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (City and State, or Foreign Country) MEHLVILLE-MO	
12. CITIZEN OF WHAT COUNTRY? U.S					

13a. FATHER'S NAME HENRY CRECELINS	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE GEORGE (DEC)
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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. No	17. INFORMANT'S SIGNATURE OR NAME Roland Herpel-239 S. Bemiston	ADDRESS 239 S. Bemiston
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH (in weeks)	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute & chronic Pyelonephritis with Uremia		DUE TO (b) Bronchial Pneumonia		one week	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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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 6000

22. I hereby certify that I attended the deceased from **Nov. 9, 1953**, to **Nov. 26, 1953** that I last saw the deceased alive on **Nov. 26, 1953**, and that death occurred at **1:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles E. Mueller, M.D.	23b. ADDRESS 634 N. Grand Blvd.	23c. DATE SIGNED 11-27-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11/28/53	24c. NAME OF CEMETERY OR CREMATORY St. Johns Cemety	24d. LOCATION (City, town, or county) (State) Mehlville Mo
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DATE REC'D BY LOCAL REG. NOV 28 1953	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Bopp, Inc	ADDRESS unknown
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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
Student Embalmer

Signed Felix Howard

Licensed Embalmer No. 3034

P. O. Address Kirkwood 2274

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