

p. 300
p. 48

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39078**
Registrar's No. **9943**

BIRTH NO. _____ 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)	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		a. STATE Missouri b. COUNTY St. Louis	
c. LENGTH OF STAY (in this place) 66 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Wellston 4301	
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Hospital		d. STREET ADDRESS (If rural, give location) 1518 Irving Ave.	

3. NAME OF DECEASED (Type or Print)	a. (First) WILHELMINA	b. (Middle) P.	c. (Last) OFENSTEIN	4. DATE OF DEATH (Month) (Day) (Year) Nov. 1, 1954.
-------------------------------------	------------------------------	-----------------------	----------------------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 3, 1865.	9. AGE (In years last birthday) Months Days Hours Min. 88
-------------------------	----------------------------------	--	--	---

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) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	-----------------------------------	--	---

13a. FATHER'S NAME Unknown Santons	13b. MOTHER'S MAIDEN NAME Fredericka (last Unknown)	14. NAME OF HUSBAND OR WIFE Adam P. Ofenstein
--	---	---

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. Unknown	17. INFORMANT'S SIGNATURE OR NAME Mr. Adam Ofenstein, 1518 Irving Ave.	ADDRESS
---	---	--	---------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Insufficiency		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Stroke DUE TO (c) Fracture Hip - 9-21-54.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Arteriosclerosis.			

19a. DATE OF OPERATION 9/1/54	19b. MAJOR FINDINGS OF OPERATION Coronary arteriosclerosis, Fracture Hip	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.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Wellston St. Louis Missouri
--	---	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR Fell on floor at home
---	--	---

22. I hereby certify that I attended the deceased from **9/1/54**, 19**54**, to **10/31**, 19**54**, that I last saw the deceased alive on **5 A.**, 19**54**, and that death occurred at **5 A.** m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title)	23b. ADDRESS 845 No. Fleeth St. Wellston Mo	23c. DATE SIGNED 11/1/54
--------------------------------------	-------------------	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11/4/54	24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
---	-----------------------------	--	---

DATE REC'D BY LOCAL REG. NOV 3 1954	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, 4828 Natural Bridge Blvd.	ADDRESS
---	---	---	---------

(Licensed Embalmer's Statement on Reverse Side)

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

Mon until 5 P.M.
Have OK'd by Coroner.

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 *John A. Melvin*

Licensed Embalmer No. *4186*

P. O. Address *St. Louis, Mo.*

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.