

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14198

State File No. _____

FILED APR 27 1955

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 546 Registrar's No. 883

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>OVERLAND</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>OVERLAND</u>	
c. LENGTH OF STAY (In this place) <u>2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>10327 BACKLAND</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10327 BACKLAND</u>		d. STREET ADDRESS (If rural, give location) <u>10327 BACKLAND</u>	
3. NAME OF DECEASED a. (First) <u>Viola</u> b. (Middle) <u>AFFELDER</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>APR 15 1955</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>June 18-1879</u>
9. AGE (In years last birthday) <u>75</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN Home</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Chay Co ALABAMA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES PAIR</u>		13b. MOTHER'S MAIDEN NAME <u>do NOT KNOW</u>	
14. NAME OF HUSBAND OR WIFE <u>William H. AFFELDER</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm Affelder Overland Mo</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac De compen</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>4 mos.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 mos.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4200	
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? _____	
22. I hereby certify that I attended the deceased from <u>23 Feb, 1955</u> to <u>15 APR 1955</u> , that I last saw the deceased alive on <u>27 MAR 1955</u> , and that death occurred at <u>7:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Richard A. Jones MD</u>		23b. ADDRESS <u>3720 Washington</u>	
23c. DATE SIGNED <u>16 APR 55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>4-18-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St Louis Co Mo</u>		DATE REC'D BY LOCAL REG <u>4/16/55</u>	
REGISTRAR'S SIGNATURE <u>Richard K. Lamb</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. F. Home Overland Mo</u>	

(Licensed Embalmer's Placement on Reverse Side)

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

4001

2nd 1770

Address

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 Al. C. Ostmann

Licensed Embalmer No. 3478

P. O. Address _____

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.