

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20371

State File No.
4824
Registrar's No.

FILED JUN 30 1955

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) OR TOWN <u>St. Louis</u>				c. CITY OR TOWN <u>Normandy</u>		b. COUNTY <u>St. Louis</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Incarnate Word Hospital</u>				STREET ADDRESS (If rural, give location) <u>2800 Normandy Drive</u>						
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)				
<u>Sister</u>		<u>M.</u>		<u>Salome (Mautes)</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 2, 1955</u>				
5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.			
<u>F.</u>	<u>W.</u>	<u>S.</u>		<u>July 3, 1867</u>	<u>87</u>	Months	Days			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?				
<u>Religious</u>				<u>Germany</u>		<u>U.S.</u>				
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE				
<u>Unk. Mautes</u>			<u>Unknown</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS						
<u>no</u>		<u>none</u>		<u>Sister Tarcisia, 2800 Normandy Drive</u>						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION						
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>				INTERVAL BETWEEN ONSET AND DEATH		
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Renal insufficiency</u>		<u>7 days</u>
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				DUE TO (c) <u>Cardiac Decompensation</u>		<u>10 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>603X</u>						
22. I hereby certify that I attended the deceased from <u>20 May, 1955</u> , to <u>2 June, 1955</u> , that I last saw the deceased alive on <u>1 June, 1955</u> , and that death occurred at <u>4:30 a. m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title)				23b. ADDRESS		23c. DATE SIGNED				
<u>A. Dworkin M.D.</u>				<u>1657 So Grand.</u>		<u>2 June 55</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)				
<u>Burial</u>		<u>June 3, 1955</u>		<u>Incarnate Word Cemetery</u>		<u>Normandy, Missouri</u>				
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE			FUNERAL DIRECTOR'S SIGNATURE ADDRESS					
<u>JUN 2 1955</u>		<u>J. Carl Smith</u>			<u>Walter J. Donnelly, 3840 Lindell Blvd</u>					

(Licensed Embalmer's Statement on Reverse Side)

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. H. Salton.....

Licensed Embalmer No. 46.....

P. O. Address 3840 Lind.....

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.