

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24639

State File No.

FILED JUL 21 1955

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 1558

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 _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNIVERSITY CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>	
c. LENGTH OF STAY (In this place) <u>4 1/2 yr</u>		d. STREET ADDRESS (If rural, give location) <u>3866 LAFFAYETTE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CHRISTIAN OLD PEOPLE'S HOME</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANTONIA</u> b. (Middle) <u>B.</u> c. (Last) <u>VIRTUE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 6 55</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>9-29-64</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR: MONTHS _____ DAYS _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (State or foreign country) <u>GERMANY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>ANTON BERNIE</u>	13b. MOTHER'S MAIDEN NAME <u>JOSAPHINE WOLFF</u>	14. NAME OF HUSBAND OR WIFE <u>WILLIAM</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Myrtle J. Spangue</u> ADDRESS <u>6600 Washington</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 WEEK</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>AURICULAR FIBRILLATION AND HEART FAILURE</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 type="checkbox"/> NO <input checked="" 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) _____ m.	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 July 1, 1955, to July 6, 1955, that I last saw the deceased alive on July 6, 1955, and that death occurred at 10 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dan E. Holmes</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>6600 Washington Univ. City</u>	23c. DATE SIGNED <u>7-7-55</u>
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24a. REGISTRY NO. <u>24639</u>	24b. DATE <u>7-9-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>7/8/55</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u> ADDRESS <u>4700 Washington</u>
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(Licensed Embalmers' 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John S. Demme

Licensed Embalmer No. 4194

P. O. Address St. Louis

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

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