

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31189

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8307

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS, MISSOURI		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL		e. STREET ADDRESS (If rural, give location) 3543 Delor St.	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Ida Maud	b. (Middle)	c. (Last) McKasson	(Month)	(Day)	(Year)
5. SEX female			9. AGE (in years last birthday) 82		
6. COLOR OR RACE white			IF UNDER 1 YEAR Months		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed			IF UNDER 4 HRS. Hours		
8. DATE OF BIRTH Nov. 15, 1872			IF UNDER 1 MIN. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <input type="checkbox"/>	
				St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Conrad Grenzebach	13b. MOTHER'S MAIDEN NAME Marie Russell	14. NAME OF HUSBAND OR WIFE Job McKasson
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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) XX	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Oliver Grenzebach	ADDRESS Farmington, Missouri
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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, 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) Cachexia		
	ANTECEDENT CAUSES DUE TO (b) Unknown Cause Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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)
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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?
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22. I hereby certify that I attended the deceased from **8-19**, 19**55**, to **9-20**, 19**55**, that I last saw the deceased alive on **9-20**, 19**55**, and that death occurred at **6:00p.** m., from the causes and on the date stated above.

23a. SIGNATURE U.A. K...	(Degree or title) MD. U	23b. ADDRESS 1515 LAFAYETTE AVE.	23c. DATE SIGNED 9-21-55.
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24a. BURIAL, CREMATION, REMOVAL (Specify) cremation	24b. DATE 9-22-55	24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL REG. SEP 21 1955	REGISTRAR'S SIGNATURE J. L. Ziegenhein	25. FUNERAL DIRECTOR'S SIGNATURE J.L. Ziegenhein & Sons	ADDRESS 7027 Gravois Ave.
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(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 Not embalmed Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. B. Weinheimer.....

Licensed Embalmer No.....

P. O. Address 7027 Su.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.