

FILED MAY 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19155

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1054

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN Pine Lawn	c. LENGTH OF STAY (in this place) 7 years	c. CITY OR TOWN Pine Lawn	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Shamrock Rest Home		e. STREET ADDRESS (If rural, give location) 3709 Manola Avenue	

3. NAME OF DECEASED (Type or Print) Minnie	a. (First) L	b. (Middle)	c. (Last) Read	4. DATE OF DEATH (Month) (Day) (Year) April 22 1956
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept 6, 1878	9. AGE (In years last birthday) 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inmate	10b. KIND OF BUSINESS OR INDUSTRY Rest Home	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Missouri	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Frank Metzschke	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Roland L. Read, Granite City, Illinois

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) Cerebral thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac decompensation Hypertensive of Arterio DUE TO (c) Sclerotic Cardiovascular disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 3 weeks 6 weeks unknown
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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) (Min)	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 **Aug 22 1949** to **April 22 1956** that I last saw the deceased alive on **April 16 1956** and that death occurred at **8:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Heinrich Litzmann MD	23b. ADDRESS 8231 Clayton Rd (or)	23c. DATE SIGNED 4/24/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 25 1956	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
		24d. LOCATION (City, town, or county) (State) Normandy, St. Louis Co., Mo.

DATE REC'D BY LOCAL REG. 4-24-56	REGISTRAR'S SIGNATURE Herbert R. Dombro MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc., 2161 E. Fair Ave
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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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No.

P. O. Address.....

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.