

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 20 1956

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5436**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE: Missouri b. CITY OR TOWN: St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		e. STREET ADDRESS (If rural, give location) 17 2321 Minnesota Ave			
3. NAME OF DECEASED (Type or Print) PAULINE		a. (First)		b. (Middle)	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH 7-26-1880		9. AGE (In years last birthday) 75		10. IF UNDER 1 YEAR Months Days Hours Min.	
11. BIRTHPLACE (City and State or Foreign Country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
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)	

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE	
--------------------------------------	--	---	--	-----------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 492-22-1917A		17. INFORMANT'S SIGNATURE OR NAME Erna Munro	
				ADDRESS 2321 Minnesota Ave	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		19. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Perforated peptic ulcer		DUE TO (b)				4 days	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) 5401F					
2. ANTERIOR CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Froctus right leg				2 wks.	

19a. DATE OF OPERATION 5/30/56		19b. MAJOR FINDINGS OF OPERATION Perforated peptic ulcer				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 5 22 56		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Tell in home	
---	--	---	--	---	--

22. I hereby certify that I attended the deceased from **22 May 56**, 19___, to **6-5**, 19___, that I last saw the deceased alive on **6-5-56**, 19___, and that death occurred at **1:30 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE R. D. Schmanow MD		23b. ADDRESS 6817^a Gravois		23c. DATE SIGNED 6/6/56	
--	--	---	--	-----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 6-8-1956		24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory		24d. LOCATION (City, town, or county) (State) 3211 Sublette Ave Mo	
---	--	------------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. JUN 7 1956		REGISTRAR'S SIGNATURE Charles Smith		25. FUNERAL DIRECTOR'S SIGNATURE W. Biegenhain Bros		ADDRESS 6409 Gravois Ave	
---	--	---	--	---	--	------------------------------------	--

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

Student.....
Signature of Student Embalmer

Signed *Tom M. Spencer*

Licensed Embalmer No. *43*

P. O. Address *St. Louis*

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.