

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22138

State File No.

FILED JUN 21 1956

Registrar's No. 5473

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). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Bel-Ridge</u> 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 <u>Jewish Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>8749 Trumbell</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ROSE</u>	b. (Middle) <u>B.</u>	c. (Last) <u>STEARNS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 7, 1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>April 8, 1892</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Jacob Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE _____
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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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mildred Ziegenhein</u> ADDRESS <u>Rt. 6 Box 2075 Sappington, Mo.</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, asthma, 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) <u>MYOCARDIAL INFARCTION</u>		<u>36 HRS</u>
	ANTECEDENT CAUSES DUE TO (b) <u>CORONARY OCCLUSION</u> DUE TO (c) <u>ARTERIOSCLEROTIC HT. DISEASE</u>		<u>YES</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>sigmoid colon resection 48 hrs prior to death</u>		<u>48 hrs</u>	

19a. DATE OF OPERATION <u>6-5-56</u>	19b. MAJOR FINDINGS OF OPERATION <u>sigmoid diverticulitis</u>	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)	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 5-29, 1956, to 6-7, 1956, that I last saw the deceased alive on 6-7, 1956, and that death occurred at 1:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Kenneth Dean Serka M.D.</u>	23b. ADDRESS <u>216 S. Kingshighway Blvd</u>	23c. DATE SIGNED <u>6-7-56</u>
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24a. BURIAL, CREMATION; REMOVAL (Specify) <u>removal</u>	24b. DATE <u>6-9-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>
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DATE REC'D BY LOCAL REG. <u>JUN 8 1956</u>	REGISTRAR'S SIGNATURE <u>J. C. Smith MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. L. Ziegenhein & Sons 7027 Gravois Ave.</u>
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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... *C P Kildwell*

Licensed Embalmer No. *3877*

P. O. Address *7027 Grand*

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.