

STANDARD CERTIFICATE OF DEATH

FILED JUL 25 1956

318

PRIMARY REG. DIST. NO. 1003

State File No. 25256
5968
Registrar's No.

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|---|-------------------------------|---|--|--|--|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS | | | |
| b. CITY OR TOWN SAINT LOUIS | | c. LENGTH OF STAY (In this place) _____ | | c. CITY OR TOWN UNIVERSITY CITY | | 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 PARK LANE HOSPITAL | | | | e. STREET ADDRESS (If rural, give location) 7739 AHERN AVENUE | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) ALICE b. (Middle) E. c. (Last) SINGER | | | 4. DATE OF DEATH (Month) JUNE (Day) 22 (Year) 1956 | | | | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | | 8. DATE OF BIRTH SEP 10 1886 | | 9. AGE (In years last birthday) 69 | IF UNDER 1 YEAR Days _____ IF UNDER 10 Hrs. _____ |
| 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) SAINT LOUIS, MISSOURI | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME CONRAD STEIGER | | | 13b. MOTHER'S MAIDEN NAME MARY HENRIETTA KOCH | | 14. NAME OF HUSBAND OR WIFE FRANK R. SINGER | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO | | 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT'S SIGNATURE OR NAME FRANK R. SINGER - ROSSVILLE, ILLINOIS ADDRESS _____ | | | |
| 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. | | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephritis, Chronic Glomerulo. & Nitrogen Retention. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Diabetes Mellitus | | | | | INTERVAL BETWEEN ONSET AND DEATH 6 mos. |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. No. | | | | | | | |
| 19a. DATE OF OPERATION 5/16/56 | | 19b. MAJOR FINDINGS OF OPERATION Gangrene. Rt. Foot | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) No | | 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) No (Year) _____ (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 6/12/56 | | | |
| 22. I hereby certify that I attended the deceased from Aug , 19 46 , to June , 19 56 , that I last saw the deceased alive on 6/22 , 19 56 and that death occurred at 3:45 p.m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE John A. Kriseo MD (Degree or title) | | | | 23b. ADDRESS Maplewood Mo | | 23c. DATE SIGNED 6/23/56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | | 24b. DATE JUNE 25/56 | 24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY | | 24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO. | | |
| DATE REC'D BY LOCAL REG. JUN 25 1956 | | REGISTRAR'S SIGNATURE Carl Smith MD | | 25. FUNERAL DIRECTOR'S SIGNATURE C. R. LIPTON & SONS 7233 DELMAR BLVD. ADDRESS _____ | | | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10:00 AM
7. 1:00 AM.

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 Clarence A. Munn

Licensed Embalmer No. 40110

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.