

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29219

FILED SEP 6 1956

318

1003

STATE FILE NUMBER

7383

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MO.</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>ST. LOUIS, MO</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY #1</b>		Length of stay in 1b		d. STREET (If outside, give location) ADDRESS <b>913A GEYER AVE. (REAR)</b>	
3. NAME OF DECEASED (Type or print)		First <b>ANNA</b>		Last <b>THIROLF</b>	
4. DATE OF DEATH		Month <b>AUG.</b>		Day <b>7,</b>	
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	
8. DATE OF BIRTH <b>11-13-69</b>		9. AGE (In years last birthday) <b>88</b>		10. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		11. BIRTHPLACE (City and state or country) <b>ST. LOUIS, MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.I.A</b>	
13. FATHER'S NAME <b>GABRIEL* THIROLF</b>		14. MOTHER'S MAIDEN NAME <b>CATHERINE ANSELMAN</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>CITY HOSPITAL RECORDS</b>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Ventricular tachycardia</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 seconds</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				DUE TO (b)	
				DUE TO (c) <b>arteriosclerotic heart disease</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)				19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour a. m. p. m.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>420.0</b>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>8-5-56</b> to <b>8-7-56</b> and last saw her alive on <b>8-7-56</b> Death occurred at <b>2 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Leroy F. Artmeier M.D.</i>		22b. ADDRESS <b>1515 LAFAYETTE AVE</b>		22c. DATE SIGNED <b>8/8/56</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>AUG. 10 1956</b>		23c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEM.</b>	
24. FUNERAL DIRECTOR <i>Thomas Kute 2906 Gravois</i>		25. DATE RECD. BY LOCAL REG. <b>AUG 9 1956</b>		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith Mo</i>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

out from family

300  
1-56

Health  
Welfare  
Public  
Service

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. *Lee J. Budder*.....  
Licensed Embalmer No. *39*

P. O. Address *St. Louis*.....

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