

FILED OCT 10 1956

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

32755

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2229

1. PLACE OF DEATH a. COUNTY Saint Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Uplands Village			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Uplands Village		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3614 Avondale Ave.,			Length of stay in lb 15 Years		d. STREET (If outside, give location) ADDRESS 3614 Avondale Ave.,		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ANNA Middle I. Last JUSTUS				4. DATE OF DEATH Month September Day 19th Year 1956			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 30th, 1876		9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Charles Kourik				14. MOTHER'S MAIDEN NAME Anna Marshall			
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. Unknown		17. INFORMANT Address Mrs. Virginia Eultgen, 3614 Avondale Ave.,			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cornary - Thrombosis							INTERVAL BETWEEN ONSET AND DEATH 15 mi
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cornary Occlusion							
DUE TO (c) Senile Arteriosclerosis							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). 4201							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT 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 Dec 19 42 to 9/19/56 and last saw her alive on 9/1/56 Death occurred at 9:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Dr. Carl Salano M.D.				22b. ADDRESS 7-3-20 Plummer Rd		22c. DATE SIGNED 9/20/56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9/22/56		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
24. FUNERAL DIRECTOR CALVIN F. FRUTZ, 4828 Natural Bridge Blvd.				25. DATE RECD. BY LOCAL REG. 9-20-56		26. REGISTRAR'S SIGNATURE Herbert B. Dond	
24. FUNERAL HOME FUNERAL HOME, INC., St. Louis, 15, Missouri.							

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300
1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MD

HOURS 9:00AM TO 12:00 NOON
2:00PM to 5:00PM
Daily except Wednesdays.

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 *Reep E. Jindera*.....

Licensed Embalmer No. *8-27*

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

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