

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39862
STATE FILE NUMBER
10089
Registrar's No.

FILED NOV 28 1956

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS Mo</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>ST. LOUIS</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>2750 WYOMING</i>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <i>2247 1/2 2750 WYOMING</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>ELIZABETH TILL</i>			4. DATE OF DEATH Month Day Year <i>Nov. 3 1956</i>		
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>APR. 19 1873</i>	9. AGE (In years last birthday) <i>83</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>AT Home</i>	11. BIRTHPLACE (City and state or country) <i>AUSTRIA HUNGARY</i>		12. CITIZEN OF WHAT COUNTRY? <i>U-S-A</i>
13. FATHER'S NAME <i>JOSEPH BAUER</i>			14. MOTHER'S MAIDEN NAME <i>UNKNOWN</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO. <i>NONE</i>	17. INFORMANT Address <i>JOSEPH WECKL 2750 WYOMING</i>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chronic Arterio-sclerotic Heart Disease</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>420.0</i>					INTERVAL BETWEEN ONSET AND DEATH <i>2 1/2 years</i>
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 <i>1956</i>	
21. I attended the deceased from <i>June 10, 55</i> to <i>Nov. 3, 56</i> and last saw her alive on <i>Nov. 3, 56</i> . Death occurred at <i>2:30 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Wm. H. Weinsberg</i>			22b. ADDRESS <i>3606 Adams</i>		22c. DATE SIGNED <i>11/5/56</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		23b. DATE <i>Nov. 6 1956</i>	23c. NAME OF CEMETERY OR CREMATORY <i>S.S. PETER & PAUL</i>		23d. LOCATION (City, town, or county) (State) <i>ST. LOUIS Mo</i>
24. FUNERAL DIRECTOR <i>Thomas Kutas 2906 Lewis</i>		25. DATE RECD. BY LOCAL REG. <i>NOV 5 1956</i>		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i> <i>M. J. B.</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

health, welfare, public service
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1
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.

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 *Leif Budde*.....

Licensed Embalmer No. *39*.....

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.