

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42642**  
Registrar's No. **12000**

FILED JAN 15 1957

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 <b>Mo.</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	c. LENGTH OF STAY (in this place) <b>8 yrs. 10 mo.</b>	c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>St. Louis Chronic Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>1540 4665 Alaska</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b> b. (Middle) _____ c. (Last) <b>Backer</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12-28-56</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>12-6-1885</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months <b>**</b> Days <b>22</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>House Work</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Mo. St. Louis</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>

13a. FATHER'S NAME <b>Henry Efkin</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Mehe</b>	14. NAME OF HUSBAND OR WIFE <b>Alois F Backer</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, state year or date of service) <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Alois F Backer 4665 Alaska</b>

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, asthenia, 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) <b>Cerebral Thrombosis</b>		<b>7</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Arteriosclerosis</b>		<b>?</b>
	DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>332x</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2-19-48**, 19\_\_\_\_, to **12-28-56**, 19\_\_\_\_, that I last saw the deceased alive on **12-28-56**, 19\_\_\_\_, and that death occurred at **1:15 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>John Niederswimer, M.D.</b>	23b. ADDRESS <b>5800 Arsenal St.</b>	23c. DATE SIGNED <b>12-28-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>12-31-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>
24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>WINGBERMUEHLE 3819 So Grand Blvd</b>	

DATE REC'D BY LOCAL REG.  
**DEC 29 1956**

REGISTRAR'S SIGNATURE  
**J. Earl Smith M.D.**

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.....  
*George J. Embelmann*

Licensed Embalmer No. 46.....

P. O. Address.....  
*St. Louis 1*

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.