

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43699

STATE FILE NUMBER

11837

FILED JAN 15 1957

Registration District No. 318 Primary Registration District No. 1003

Registrar's No.

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>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>DEACONESS HOSPITAL 215</i>		Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <i>3851 NEOSH0</i>	
3. NAME OF DECEASED (Type or print) First <i>LOUISA</i> Middle <i>K.</i> Last <i>PRITZ</i>			4. DATE OF DEATH Month <i>DEC.</i> Day <i>23</i> Year <i>1956</i>		
5. SEX <i>FEMALE</i>	6. COLOR RACE <i>WHITE</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>1892</i> <i>DEC. 29 1893</i>	9. AGE (In years last birthday) <i>63</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>Missouri</i>	
13. FATHER'S NAME <i>FRED SEEBACH</i>			14. MOTHER'S MAIDEN NAME <i>LOUISA RUDER</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 <i>ABNER PRITZ</i> Address <i>3851 NEOSH0</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>Meningitis</i> DUE TO (b) <i>Meningitis Spinal Cord</i> DUE TO (c) <i>Meningitis Spinal Canal</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <i>1 wks</i> <i>1 yr</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.) <i>340.3</i>			
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 <i>12-6-56</i> to <i>12-22-56</i> and last saw her alive on <i>12-22-56</i> . Death occurred at <i>6 L A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Robt. D. Woolsey</i> (Type or print) M.D.				22b. ADDRESS <i>6944 Chippewa</i>	
22c. DATE SIGNED <i>12-26-56</i>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>		23b. DATE <i>DEC. 26 1956</i>		23c. NAME OF CEMETERY OR CREMATORY <i>ST. LUCAS CEM.</i>	
23d. LOCATION (City, town, or county) (State) <i>SAPPINGTON, Mo</i>					
24. FUNERAL DIRECTOR <i>Thomas Kutas</i> ADDRESS <i>2906 Leavitt</i>		25. DATE RECD. BY LOCAL REG. <i>DEC 26 1956</i>		26. REGISTRAR'S SIGNATURE <i>Paul Smith</i>	

(Licensed Embalmer's Statement on Reverse Side)

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.

11-11-1965
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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 *Samuel E. Hill*.....

Licensed Embalmer No. *43*.....

P. O. Address *2916*.....

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.