

FILED JAN 7 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

44275

Registration District No. 317 Primary Registration District No. 546 Registrar's No. 3060

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>ST LOUIS</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>OVERLAND</u>		a. STATE <u>Mo</u>		b. COUNTY <u>ST LOUIS</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Overland Restorium</u>		Length of stay in lb <u>3 yrs</u>		c. CITY OR TOWN <u>OVERLAND 423X</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>LAURA</u>		Middle <u>Readey</u>		Last <u>Readey</u>		Month <u>Dec</u> Day <u>26</u> Year <u>1956</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov-18-1873</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		9. AGE (In years last birthday) <u>83</u>		11. BIRTHPLACE (City and state or country) <u>St Louis Mo</u>	
13. FATHER'S NAME <u>THOMAS WARD</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>Madona Readey Chicago IL</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>							<u>1 day</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							<u>3 yrs</u>
DUE TO (b) <u>Arteriosclerosis</u>							
DUE TO (c) <u>4201</u>							
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 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 <u>7:30</u> Month, Day, Year <u>12/20/56</u>							
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 <u>Oct 23, 1953</u> , to <u>12/26/56</u> and last saw her alive on <u>12/20/56</u> . Death occurred at <u>7:30</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Henry U. Kohn</u> (Degree or title)				22b. ADDRESS <u>2438 Wroldson Blvd</u>		22c. DATE SIGNED <u>12/26/56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>12/27/56</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MT Hope Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u>	
24. FUNERAL DIRECTOR <u>ORTMANN FUNERAL HOME</u> ADDRESS <u>Overland Mo</u>				25. DATE RECD. BY LOCAL REG. <u>12-27-56</u>		26. REGISTRAR'S SIGNATURE <u>Herbert R. Dombey</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Al C Ostmann*.....

Licensed Embalmer No. *34*

P. O. Address .....

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.