

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44362

State File No. _____

FILED JAN 15 1957

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>600</u>		Registrar's No. <u>3116</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside of St. Louis, give name of city or town) <u>Normandy</u>		c. LENGTH OF STAY (in this place) <u>8 YR</u>		c. CITY OR TOWN <u>Beverly Hills</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mother of Good Council</u>				e. STREET ADDRESS (If rural, give location) <u>6825 Natural Bridge</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GENEVEVE</u>			b. (Middle) _____			c. (Last) <u>JAWOREK</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>12-31-1956</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>12-28-1883</u>		9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>3</u> Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MORAVIA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Igna skutta</u>			13b. MOTHER'S MAIDEN NAME <u>Noy Known</u>			14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>497-10-2205</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>A) Martha Ostermueller 5520 Milentz</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Stroke 1949</u>				INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>			
22. I hereby certify that I attended the deceased from <u>Dec 1949</u> , to <u>Dec 31, 1956</u> that I last saw the deceased alive on <u>Dec 30, 1956</u> , and that death occurred at <u>1 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>M. Staeble</u> (Degree or title) <u>MO</u>				23b. ADDRESS <u>7124 Natural Bridge</u>		23c. DATE SIGNED <u>12-31-56</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1-3-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>S.S. Peter & Paul Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-2-57</u>		REGISTRAR'S SIGNATURE <u>Herbert B. Domlehdg</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WINGBERMUEHLE 3819 So Grand Blvd</u>			

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. Angermuehl

Licensed Embalmer No. *4611*

P. O. Address *St. Louis 1807*

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.