6718

FILED MAR 1 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 774

Health, Welfare Public Service

30D 1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST LOUIS — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 22 ST ANTHONY HOSP — Length of stay in 1b: 3 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI — b. COUNTY: ST LOUIS
c. CITY OR TOWN: MEHLVILLE 4000 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 27 4012 LEMAY FERRY RD — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First LENA — Middle ELIZABETH — Last VON TALGE

4. DATE OF DEATH: Month JAN. — Day 22 — Year 1957

5. SEX: FEMALE

6. COLOR OR RACE: MALE

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐

8. DATE OF BIRTH: FEB.-25-1876

9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 10, Days 28 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (City and state or country): CLAYTON, MO

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHRIST DIELMANN

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NONE — (If yes, give war or dates of service): NONE

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: MR RUBIN VON TALGE — Address: 4016 LEMAY FERRY ST LOUIS 23 MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute dilation of heart — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arteria sclerotic heart disease — sever. yrs
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 420.0

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour a. m. p. m. — Month, Day, Year

20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 2-1-54, to 1-22-57 and last saw her/him alive on 1-22-57. Death occurred at 6:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Irwin D. Crewlines M.D.

22b. ADDRESS: 752 Lemay Ferry Rd

22c. DATE SIGNED: 1:25.57

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: JAN-25-1957

23c. NAME OF CEMETERY OR CREMATORY: OLD ST JOHNS PEM.

23d. LOCATION (City, town, or county) (State): MEHLVILLE, MO.

24. FUNERAL DIRECTOR: FEY FUNERAL HOME — ADDRESS: MEHLVILLE MO.

25. DATE RECD. BY LOCAL REG.: JAN 25 '57

26. REGISTRAR'S SIGNATURE: J Earl Smith MD MSA

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Gustav W. Dieter

Licensed Embalmer No. 4

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.