

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11674

FILED APR 15 1957

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>312</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>844</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Manchester, Mo.</u>)		c. LENGTH OF STAY (in this place) <u>2 1/2 yrs.</u>		c. CITY OR TOWN <u>Arfton 4810</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>Manchester Nursing Home</u>				e. STREET ADDRESS (If rural, give location) <u>4888 Hummelsheim</u>					
3. NAME OF DECEASED (Type or Print) <u>ELLA</u>			a. (First)		b. (Middle)		c. (Last) <u>O'BROCK</u>		
4. DATE OF DEATH <u>Mar. 28, 1957</u>			(Month)		(Day)		(Year)		
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>Aug. 22, 1877</u>		9. AGE (in years last birthday) <u>79</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Erich Arndt</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jean Ryther, 4888 Hummelsheim</u>				ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolus</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Arteriosclerosis, Senility</u>						INTERVAL BETWEEN ONSET AND DEATH <u>instantly</u> <u>Don't know</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>						20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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)		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 <u>Feb. 24, 1957</u> , to <u>March 21, 1957</u> , that I last saw the deceased alive on <u>March 21, 1957</u> , and that death occurred at <u>7:45 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Kathleen Laffey</u> (Degree or title)				23b. ADDRESS <u>Box 122, Manchester</u>			23c. DATE SIGNED <u>3/28/57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3/30/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Freedom's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3/29/57</u>		REGISTRAR'S SIGNATURE <u>Herbert B. Romke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fendler Und. Co.</u> ADDRESS <u>7420 Michigan Ave.</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

