

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

FILED MAY - 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

STATE FILE NUMBER

15027

3888

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1401 MCCAUSLAND		Length of stay in lb 2 1/2	STREET ADDRESS 1401 MCCAUSLAND		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last GARNET MASSEE			4. DATE OF DEATH Month Day Year APRIL 22, 1957		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APRIL 5, 1875	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days 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 AT HOME	11. BIRTHPLACE (City and state or country) SHAWNEETOWN, ILL		12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME JOHN NIEDERST			14. MOTHER'S MAIDEN NAME MARY GUYER		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address DAVID LICHTENSTEIN 2222 S. WARSON RD.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive Cardiovascular Disease					INTERVAL BETWEEN ONSET AND DEATH 1 year
Conditions, if any, which gave rise to above, cause (a), stating the underlying cause last. DUE TO (b) Cerebral hemorrhage left					1 year
DUE TO (c) Carcinoma of calcium + ileum					5 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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.) 443 x H		
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 Apr. 26, 1956 to Apr. 22, 1957 and last saw <u>her</u> alive on Apr. 22, 1957 Death occurred at 10:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Norton John Eversoll M.D.			22b. ADDRESS 6356 Clayton Rd., St. Louis 17, Mo.		22c. DATE SIGNED 4-22-57
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE APRIL 24 1957	23c. NAME OF CEMETERY OR CREMATORY VALHALLA CEMETERY		23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO.
24. FUNERAL DIRECTOR M. Croghan		ADDRESS 7146 MANCHESTER AV. ST. LOUIS 17, MO.		25. DATE RECD. BY LOCAL REG. APR 23 '57	26. REGISTRAR'S SIGNATURE J. Carl Smith MD m/b

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..... *Homer W. Jantz*

Licensed Embalmer No... *38*

P. O. Address *St. Louis*

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.