

FILED MAY 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15167

STATE FILE NUMBER

Registration District No. 318

Primary Registration District No. 1003

Registrar's 3553

Health
& Welfare
Public
ServiceS. 300
1-56

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Berkeley		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp.		Length of stay in 1b 2 1/2 weeks		d. STREET ADDRESS 8429 St. Olaf Drive	
3. NAME OF DECEASED (Type or print) Mrs. Martha Ann Pross		4. DATE OF DEATH April 12, 1957		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 30, 1890	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY home		9. AGE (In years last birthday) 66	
11. BIRTHPLACE (City and state or country) Cincinnati, Ohio		12. CITIZEN OF WHAT COUNTRY? U. S.		IF UNDER 1 YEAR Months Days Hours Min.	
13. FATHER'S NAME Edward Peters		14. MOTHER'S MAIDEN NAME Anna VonGrothams		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Mr. William H. Pross		Address 9955 Baptist Church 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) Acute myocardial infarction Coronary sclerosis Hypertension DUE TO (b) Coronary sclerosis DUE TO (c) Hypertension PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		INTERVAL BETWEEN ONSET AND DEATH 7 d.		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) None			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		420.1			
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.) None		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1935 to 4/12/57 and last saw her alive on 4/12/57 Death occurred at 11:00 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W. Miller (Degree or title) W. Miller		22b. ADDRESS 408 Humboldt Bldg. M.D. 408 Humboldt		22c. DATE SIGNED 4/13/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE April 15, '57		23c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cem.	
23d. LOCATION (City, town, or county) St. Louis County, MO		24. FUNERAL DIRECTOR ADDRESS Alexander & Sons: 6175 Delmar Blvd.		25. DATE RECD. BY LOCAL REG. APR 15 '57	
26. REGISTRAR'S SIGNATURE Carl Smith, MO					

(Licensed Embalmer's Statement on Reverse Side)

HUMPHREY BLOB

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 *Jos. E. McCallister*

Licensed Embalmer No. *246*

P. O. Address *6175 Rd*

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.