

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15737

STATE FILE NUMBER

FILED APR 25 1957

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 746

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ballwin</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>St. Louis,</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pine Crest Home Div. 1</u>				Length of stay in 1b <u>5 yrs.</u>		d. STREET ADDRESS <u>4430 Pennsylvania Ave.</u>		
3. NAME OF DECEASED (Type or print) First <u>ANNIE</u> Middle <u>M.</u> Last <u>GENZLING</u>				4. DATE OF DEATH <u>March 19, 1957</u> Month <u>March</u> Day <u>19</u> Year <u>1957</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>October 23, 1868</u>		9. AGE (In years last birthday) <u>88</u> IF UNDER 1 YEAR: Months <u>4</u> Days <u>22</u> Hours <u>1</u> Min. <u>2</u> IF UNDER 24 HRS.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and state or country) <u>Jefferson County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John Herman</u>				14. MOTHER'S MAIDEN NAME <u>Mary Chott</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Mrs. Jospe Vanecek</u> Address <u>4962 Robert Ave.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Myocarditis</u> DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) 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	
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.)					
20c. TIME OF INJURY Hour <u>1:30 P.</u> Month <u>March</u> Day <u>16</u> Year <u>1957</u> 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 <u>Feb 1956</u> to <u>March 19/57</u> and last saw her alive on <u>March 16/57</u> Death occurred at <u>1:30 P.</u> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>R. D. Jensen M.D.</u> (Degree or title)			22b. ADDRESS <u>1726 1/2 Belvue Richmond Hts</u>			22c. DATE SIGNED <u>3/20/57</u>		
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>3/22/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Immaculate Conception</u>		23d. LOCATION (City, town, or county) (State) <u>Arnold, Missouri</u>			
24. FUNERAL DIRECTOR <u>Gebken-Benz Mortuary</u> ADDRESS <u>2842 Meramec St. St. Louis 18 Missouri</u>				25. DATE RECD. BY LOCAL REG. <u>3-20-57</u>		26. REGISTRAR'S SIGNATURE <u>Herbert R. Somke, MD</u>		

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 causally related. Coroner cannot certify to a death due to natural causes.

Health & Welfare Public Service

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4

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 Me, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No. 4249

P. O. Address 2842 Meramec  
St. Louis 18 Missouri

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.