

S. No. 36  
EV. 10

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 25 1957

State File No. 15798

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 500 Registrar's No. 689

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Fenton</b> )		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>4 1/2 yrs.</b>		e. STREET ADDRESS (If rural, give location) <b>5616 Michigan</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>37 Fenton Nursing Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Anna</b> b. (Middle) _____ c. (Last) <b>Whitworth</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 11, 1957</b>
--	---

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>June 10, 1877</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
----------------------	-------------------------------	---	---------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Ohio, Akron</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
--	---	---	---

13a. FATHER'S NAME <b>Fitzner</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Deceased</b>
-----------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Fenton Nursing Home, Fenton, Mo.</b>
--	-------------------------------------	---

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Myocarditis</b> DUE TO (c) <b>Arterio-Sclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

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) (Min.)	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 **March 9, 1957** to **March 11, 1957**, that I last saw the deceased alive on **March 9, 1957**, and that death occurred at **11 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>R. W. Jansen</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>3616 S. Broadway St. Louis Mo.</b>	23c. DATE SIGNED <b>Mar 12/57</b>
--	--	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>Mar. 14, 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, County, Mo.</b>
---	--------------------------------	--	---

DATE REC'D BY LOCAL REG. <b>3/13/57</b>	REGISTRAR'S SIGNATURE <b>Dorbert R. Lombard</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Schumacher's 3013 Meramec St.</b>
---	---	---

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

.05

alvol .35

asridid 0102

.A.B.U

notk,

smoh

ofhwanch

unvornu

rennrih

.0

notk

notk

notk

notk

notk

enoh

0

ok

**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 *Jack Haepp*

Licensed Embalmer No. *4746*

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.

..it. sonvov 5102 a1e02mno1