FILED MAY 27 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18962
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4623

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Enroute City Hosp. — Length of stay in 1b 38	d. STREET ADDRESS (If outside, give location) 710a Marion Ave. (Rear) — Reside on Farm Yes ☐ No ☐ 2239

3. NAME OF DECEASED (Type or print)	First: BARBARA	Middle:	Last: LENHARDT	4. DATE OF DEATH	Month: May Day: 13 Year: 1957
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH: Sep. 11, ~~1878~~ 1879	9. AGE (In years last birthday): 77 ~~78~~	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): Housework	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country): St. Louis, Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Rudolph Schlitle			14. MOTHER'S MAIDEN NAME: Kate Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO.: None		17. INFORMANT: Bert E. Lenhardt — Address: 6750 O'Dell Ave.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Myocardial insufficiency

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Cardiorenal disease

DUE TO (c) General arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 442x

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 April 30/57, to May 13/57 and last saw her/him alive on April 30, 57

Death occurred at 7:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John M Parato M.D. 0	22b. ADDRESS: 1010 Mc Causland	22c. DATE SIGNED: 5/15/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: May 16, 1957	23c. NAME OF CEMETERY OR CREMATORY: St. Matthews Cemetery	23d. LOCATION (City, town, or county) (State): St. Louis, Mo.
24. FUNERAL DIRECTOR: Kriegshauser — ADDRESS: 4228 S. Kingshighway	25. DATE RECD. BY LOCAL REG.: MAY 15 '57	26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. 5P.	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300 3
-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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed William B. White.....

Licensed Embalmer No. [illegible]

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.