

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19249

STATE FILE NUMBER

FILED JUN 7 1957

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4749**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Affton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital		d. STREET ADDRESS 10664 Charrette Drive	
3. NAME OF DECEASED (Type or print) Mary		4. DATE OF DEATH May 18 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 Aug 11 1871	
9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker	
11. BIRTHPLACE (City and state or country) Carlinville, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Gustave Baasch		14. MOTHER'S MAIDEN NAME Wilhelmina Haas	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Frank F. Schaettler,		Address 7463 Delmar Avenue	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) IMMEDIATE CAUSE (a) Chronic myocarditis DUE TO (b) Diabetes mellitus DUE TO (c) Fracture of left leg (accidental)			INTERVAL BETWEEN ONSET AND DEATH 5 yrs. 5 yrs. 4/9/57
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 18 (a) 9040 (b) 21			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input checked="" 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.) Fell at home	
20c. TIME OF INJURY Hour > Month 4 Day 9 Year 57 a. m. 4 p. m. 9		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home	
20e. CITY, TOWN, OR LOCATION Affton		COUNTY St. Louis Co. STATE Mo.	
21. I attended the deceased from 4/9/57 to 5/18/57 and last saw her alive on 5/18/57 Death occurred at 7:10 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Wm. B. Becke M.D.		22b. ADDRESS 3720 Washington	
22c. DATE SIGNED 5/20/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE May 21 1957	
23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
24. FUNERAL DIRECTOR Math Hermann & Son, Inc.,		25. DATE RECD. BY LOCAL REG. MAY 20 57	
ADDRESS 2161 E. Fair Av		26. REGISTRAR'S SIGNATURE Carl Smith M.D.	

Cause of death must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.
 Licensed Embalmer's Statement on Reverse Side

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.....
John A. Kay

Licensed Embalmer No. 37

P. O. Address *St. Louis*

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.