

Health, Welfare Public Service

FILED JUL 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 26255
REGISTRAR'S NO. 6325

Registration District No. 318 Primary Registration District No. 1003

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| 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 | | c. CITY OR TOWN St. LOUIS | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL | | d. STREET ADDRESS 4272 CHIPPEWA (If outside, give location) | |

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|---|---------------------------|---|---|------------------------------------|-------------------------------------|---|
| 3. NAME OF DECEASED (Type or print) First MIDDLE Last LINDA M KEHRRES | | | 4. DATE OF DEATH Month Day Year JULY 6 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 MARCH 26, 1880 | 9. AGE (In years last birthday) 77 | | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) St. LOUIS | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME WILLIAM EISLER | | | 14. MOTHER'S MAIDEN NAME JOSEPHINE KLEIN | | | |
| 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. NONE | 17. INFORMANT CONRAD KEHRRES 4272 CHIPPEWA | | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arterio-sclerotic Heart Disease</i> DUE TO (b) <i>Atherosclerosis</i> 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 <i>Indefinite</i> |
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| 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.) <i>Fell out of bed 6/26/57 10 a.m.</i> |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. <i>4:20 P</i> <i>9/26/57</i> | |

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| 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 <i>Sept 10-56 to July 6-57</i> and last saw her alive on <i>July 5-57</i> Death occurred at <i>9:10 a</i> m on the date stated above; and to the best of my knowledge, from the causes stated. | | |

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| 22a. SIGNATURE <i>L. W. Wagbach MD</i> | (Degree or title) | 22b. ADDRESS <i>4717 Maryland</i> | 22c. DATE SIGNED <i>7/18/57</i> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 23b. DATE 7/9/1957 | 23c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PARK | 23d. LOCATION (City, town, or county) (State) St. LOUIS Co., Mo. |

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| 24. FUNERAL DIRECTOR J L ZIEGENHEIN & SONS 7027 GRAVOIS | 25. DATE RECD. BY LOCAL REG. JUL 8 '57 | 26. REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i> |
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *Ronald E. Biny*.....
Licensed Embalmer No. *486*.....

P. O. Address *7077 Swann*.....

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.